Vol. V [illegible] No. 1

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PU[illegible] HEALTH
NUR[illegible] QUARTERLY

[illegible]UARY, 191[illegible]

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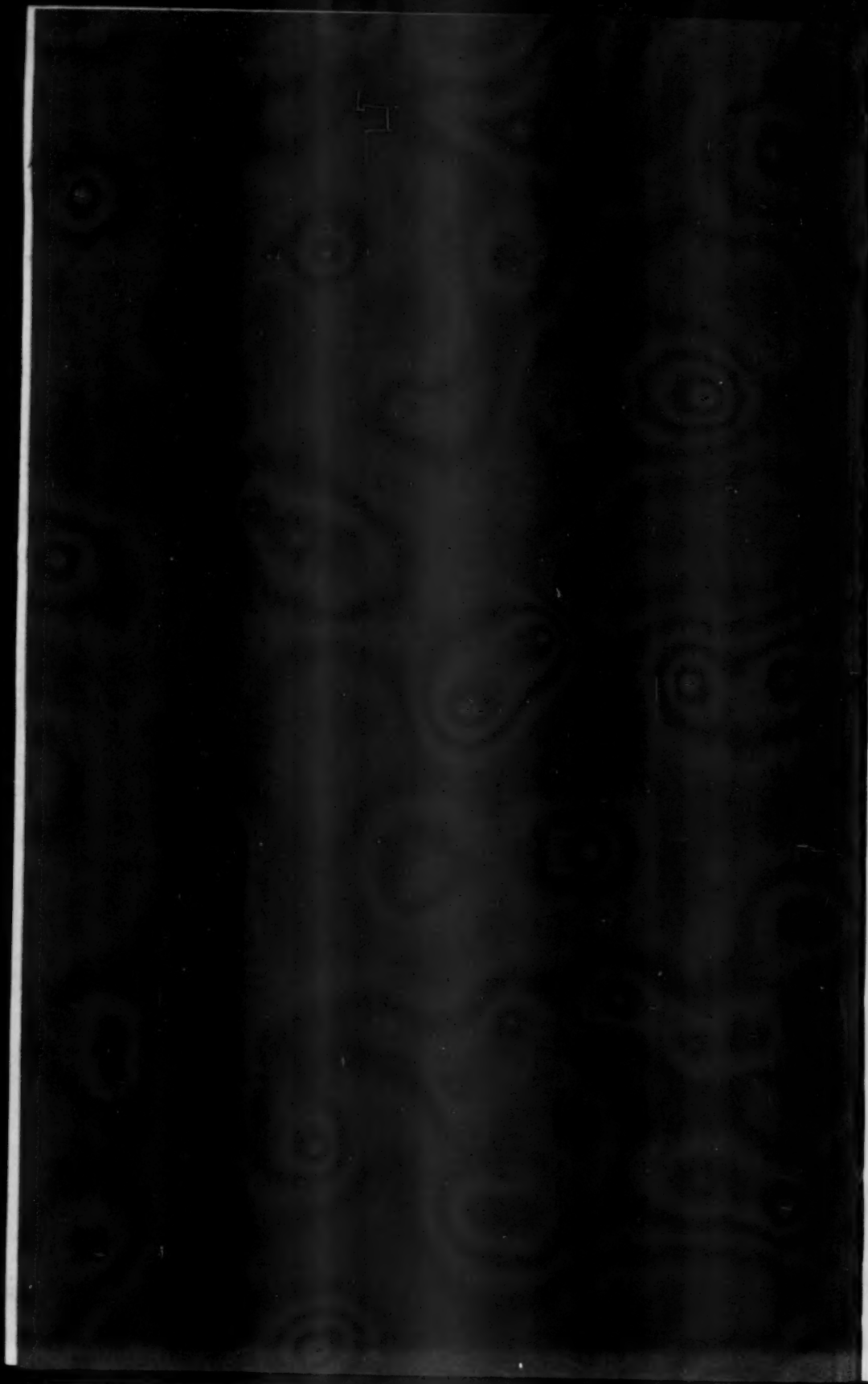
[illegible]LISHED BY

Th[illegible]nal Organization
fo[illegible] Health Nursing



Contents

THE
Public Health Nurse Quarterly

A Magazine published in the interest of Visiting Nursing, and dealing with the many phases of the Nurse's work in the Districts, in the Anti-Tuberculosis Crusade, in the fight against Infant Mortality, and in other Social and Medical Activities.

Published in January, April, July and October,
by the NATIONAL ORGANIZATION FOR
PUBLIC HEALTH NURSING.

Regular subscription price.....$1.00

American Journal of Nursing and Public Health Nurse Quarterly 2.50

Club rates: { 20 subscriptions at $ .75 each
{ 40 subscriptions at $ .50 each

Advertising Rates may be had upon application.

Entered as second class matter, June 23rd, 1909, at Cleveland, Ohio, under Act of March 3rd, 1896.

TAKING PATIENTS TO THE CLINIC IN THE KENTUCKY MOUNTAINS

The Public Health Nurse Quarterly

VOL. V. JANUARY, 1913 NO. 1

Editorials

I

The Public Health Nurse Quarterly

The Visiting Nurse Quarterly which for four years has been published by the Visiting Nurse Association of Cleveland was formally tendered to the National Organization for Public Health Nursing in June of this year at its inaugural meeting at Chicago.

Since then this offer has been definitely accepted and with this January number the Quarterly becomes the official organ of the New Association. It has been thought wise by the National Organization to arrange for the publication of this magazine for this coming year in Cleveland under the auspices of those who have heretofore managed the details of its printing and publication.

From now on, however, it will be, in a very definite sense, the accepted means of communication between visiting nurses, and the official medium of such information and instruction as the national office desires to publish.

Miss Ella Phillips Crandall, field Secretary of the Organization can be addressed at 52 East 34th Street New York City, where the new headquarters are established. Miss Crandall still retains a connection with Teachers College, Columbia University, New York, but her absences from the city are of necessity very frequent because of the calls which are coming to her from many parts of the country.

As the Quarterly will be the medium of communication between all Public Health Nursing interests and as it will aim to publish articles which will be technically valuable to nurses in the social field, we desire that it find its way to every nurse who is engaged in such work.

The character and number of the calls which are coming into the National office convince the nurses who are in closest touch with the new Organization, that it answers a well nigh universal desire for cooperation between visiting nurses, an accepted standard, and some centralized professional board which can be referred to for a settlement of nursing questions. It has come just at a time when its need is most greatly felt.

All subscriptions to the Quarterly should be addressed to Miss Annie M. Brainard, 2041 Adelbert Rd., Cleveland, Ohio.

II

Safe-guarding a Standard

While reading the interesting and valuable paper which the Superintendent of the Victorian Order of Nurses has very kindly contributed to this number of the Quarterly we have been very deeply impressed once again with the sense that every activity has a certain personality of its own—indeed Miss McKenzie speaks of this very thing in connection with the Victorian Order—and that this personality represents, not only the doer but those done by, and the thing done, with all the variations and development which life in contact with life produces; so that any great work started single heartedly and in response to a real need does actually become a personification of something greatly help ful—a gathering together as it were in a beneficent living whole of our own scattered individual effort Thus this Greater Self, made up of what we do, grows into unforseen strength and power, laying hold, in its mysterious and living processes of growth, of precious elements which single individuals have not the size to meet and absorb in that safest of keeping, that richest of bestowing, a transcendent personality. These then, our works, become our guardians, our beloved guides, whom having created we serve gladly, rejoicing in their greatness and being led on by the opportunities that their living relationship with other lives continually creates. Thus it is that when we act together through these Greater Ones who represent, without prejudice or passion, the best that is in us, we find comfort, and receive a return of energy for every effort which we make.

There is no need to comment upon the sound principles upon which this Canadian Order is founded, and which preserve and protect it in its beautiful development. The only way to understand and appreciate the the matter is to read Miss McKenzie's paper, and to reflect upon the valuable experience which this record

so generously offers us. The success of this nationally organized nursing order should fill our own hearts with courage, now that our own National Organization for Public Health Nursing is just beginning to come in contact with the rich and varied influences which this country offers. That its development will resemble in kind that of its Canadian sister can hardly be expected, because it will absorb into itself life processesses which in themselves are greatly different. But we have started it in what seems to us the best way and we can do no better now than to work for and with it whole heartedly, faithfully, feeling that the issues of its development will be those that we most need and those akin to us, since before it can be our guardian and inspiration it must be the child of our faith and work.

III

Other Fields of Public Health Nursing

In almost every paper contributed to the Quarterly this month—for all are voluntary contributions and represent the time and thought and generous impulse of people who are so busy doing great and good work that the opportunity to write about it is well nigh impossible to find and has to be taken from the narrow margin of personal liesure—we find a steadily growing recognition of the socially trained nurse and an increasing demand for her service in connection with the preventive work, which seeks to forestall the extraordinary amount of ills which arise from a lack of knowledge on the part of untrained people as to the most rudimentary health practices in the home. An army of visiting hygienists, home instructors and patient household friends is needed. The combination of these arts and practices we conceive to be best exercised by socially trained nurses who have a strong professional training, and it fills us with satisfaction that such nurses have won their way to widespread recognition.

The picture which Dr. Stucker gives of the mountain bound Kentucky people fills one with varying passions

of pity, indignation and regret. One feels that his article ought to be reprinted and sent broadcast where a larger circle than our subscription list yet offers might see it and heed its cry for help.

In the large cities of this country we are so overwhelmed with the work to do for the foreign people who are drawn by the vortex of great industries that we are not perhaps doing what we ought to do by those portions of our native populations which are exposed to intensive influences of destruction and degeneration, to chronic causes of enfeeblement and deterioration which ought to attract our attention and lead us out after the pioneer associations and individuals who are struggling and calling for aid in their unequal contest with almost hopeless conditions.

IV

Dr. Stucky's Work Among the Mountaineers

We are publishing in this number of the Quarterly a very illuminating article by Dr. J. A. Stucky of Lexington, Kentucky, who is doing such wonderful work among the poor white mountaineers in that State, who are suffering with tracoma.

Dr. Stucky probably knows the general living conditions in the mountains of eastern Kentucky better than any other medical man in the United States. His work, which has spread rapidly and is known not only at home but abroad, is largely responsible for the decision of the government to make an investigation of tracoma in these mountains. This investigation is to be begun early in March.

For years patients have been coming to Dr. Stucky's office, and after being treated, have gone away only to return a few months later when the disease had reached a more advanced stage.

Baffled in his attempts to cure these people Dr. Stucky's interest in their problems led him to follow

them to their homes, and for four years he has been making semi-annual pilgrimages to these mountains and holding clinics where the isolated mountaineer can obtain advice and expert treatment. Last fall he applied to Miss Chloe Jackson, Executive Secretary of the Lafayette Tuberculosis Association of Lexington, for a nurse who would go to the mountains to assist him in his work, and remain for follow up work. He was unable, however, to procure one at that time. It is in these same mountains that Miss Butler is doing such good work at the Log Cabin Settlement. She also is in need of an assistant nurse. While the salary could not probably be very great for these positions, the work would be intensely interesting, and we feel that all nurses interested in Public Health Nursing should know of this new field which offers such vast opportunities.

The National Organization for Public Health Nursing and Its Relation to Local Societies

ELLA PHILIPS CRANDALL

When this Association came into being last June, it was generally accepted by all its sponsors that it was justified in spite of the statement that we hear frequently nowadays that society is in danger of having too many organizations, and that it should consider carefully the possibility of combining those already in existence rather than favoring new ones. Since that time, however, there has been a constant growth of evidence that there was a real need for such an association and a definite work for it to do. Nothing could be more convincing than the flood of work which has poured into the office of the Secretary, who, until November 1st, carried the duties as a voluntary officer, and since that date has devoted almost her entire time in the capacity of Executive Secretary.

In evidence of the fact that nurses who are engaged with the daily problems of public health nursing feel the need of such an organization, and that they welcome an officer whose services are at their command, the following items will be of considerable interest.

In the past two months the Secretary has been asked to address sixteen different nursing organizations and to meet with eight conferences on local problems. The subjects under special consideration have been such as the following:

First, the reorganization of the visiting nursing interests of a city in which four societies were represented by four nurses, each working independently and each covering the entire city; the new plan provides for a

board of joint control, a districting of the city, and the close affiliation of the nurses.

Second, to raise the standards of public health nursing both under the direction of municipal departments and philanthropic agencies.

Third, a nurse and a few lay people eager to establish visiting nursing in a community where serious problems are presented by the antagonism of its religious sects.

Fourth, in two cities which are contemplating the introduction of school nursing, the nurses and some members of their boards of directors, eager to prevent duplication and overlaping, are seeking a sound basis of affiliation with the new municipal nurses.

Fifth, three associations have asked for aid in the revision of record forms.

The Secretary has also had nine requests to fill positions, and thirteen applications for aid in securing positions. These latter figures emphasize in the minds of some, the serious need of such a bureau of employment as the Intercollegiate Bureau. These are only typical of many other and varied inquiries which have come to this office.

The applications for membership are coming in in encouraging numbers. Every nurse should become a local center of agitation for membership to the national organization and subscription to the Quarterly.

Following the appointment of the Secretary, an office was established at 52 East 34th Street, New York City. This is the address of the Central Club for Nurses and the Central Registry for Nurses of New York. It seems peculiarly fitting that this new National Organization should make its headquarters at this place.

The Quarterly as our medium of communication and exchange should be regarded by every visiting nurse in the country as her storehouse of information and counsel. To it she should send questions regarding perplexing problems, reports of new or interesting work, and all topics which she wishes discussed. While this is true

for all, it should be particularly serviceable to isolated nurses and those having special problems to meet. We beg of them to ask for whatever they need, such, for instance, as a list of books on any topic, or the best agencies for assistance in a family problem. No one need argue that she is unable to write for publication—let the humblest of us make our ideas, convictions and needs plain to the editors, and then say to them, "Please edit this." With that liberty granted them, they will gladly do the rest. As a result, all of us will have far larger service from the Quarterly, and it will become an indispensable instrument for our work. It should furnish thorough discussions of big questions, such as the use of a confidential or social exchange by nurses; oral versus demonstrative educational work; records and their relation to vital statistics; nurses in hospital social service, in shop and factory welfare work, and as tenement house inspectors. It should deal extensively with administrative problems, with the budget, the duties of directors and their relation to the staff. Very especially should the lay and professional relationships be emphasized and discussed in clear and unmistakable terms.

The Executive Committee at a meeting held in New York, August 13, voted to have the seal reduced and dies cast for use on the stationery and as a medal. There has been some unavoidable delay in the execution of the dies, but both will, we hope, be ready in the very near future. The medal can be purchased by all individual active members. It can be had either in fourteen karat gold or rolled gold for approximately five dollars and a half and three dollars respectively. We shall have more to say about the seal later.

The Committee also defined the requirements which shall obtain for active corporate membership, which are as follows:

> "Any association shall be eligible for corporate active membership if 75 per cent of its nurses

are eligible for individual membership, on condition that 100 per cent. shall become so within five years after June, 1912."

The following permanent committees of the Organization have been named:

Finance and Membership, Mrs. R. L. Ireland, Chairman.

Eligibility, Miss Jane A. Delano, Chairman.

Publications, Miss Edna L. Foley, Chairman.

Records and Statistics, Miss Julia C. Stimson, Chairman.

Revision of Constitution and By-Laws, Miss Matilda L. Johnson, Chairman.

The Committee on Records and Statistics, which is already at work, has in mind the drafting of record forms in perhaps four classifications to meet the needs of rural districts, towns and villages, cities of the second and third classes, and cities of the first class. It was quite generally accepted by the Executive Committee that the Association could not do a wiser or more effective thing in its first year than to undertake the standardization of records. This judgment was based upon the assertion which is constantly made by public officials, sanitarians, statisticians, social workers, and physicians, that nurses, owing to their unique relation in the homes of the people, can secure more accurate statistics than those who go for the avowed purpose of getting these essential facts. It behooves nurses, therefore, to recognize that they can prove themselves to be public servants in a large way by becoming intelligent gatherers and tabulators of scientifically accurate statistics which they can make available and immensely serviceable to other workers in behalf of general social uplift.

Having established a considerable measure of unity through this means, we may reasonably hope to develop standards in technique as well. The existence of these new standards will increase the demand for a broader

education for nurses in the social and economic aspects of their work, a need which is already keenly felt by many of the workers in the field. As one means of meeting this need the Organization plans to furnish, in addition to the Quarterly, special bulletins on such subjects as dietaries and food economics; home, personal and sex hygiene; care and feeding of infants; and any other subjects for which the nurses may ask. These will be in the simplest possible form so that the nurses may distribute them among the families whom they serve. This will arm them with the material which they are constantly called upon to supply, and which many of them have not found available in suitable form for ready use.

While the nurses are spreading the gospel of health to the sick in their homes, the Organization will undertake, through its members, both lay and professional, and its printed page, to develop wide spread and fixed consciousness on the part of the public at large of its moral obligation to provide for the care of the sick in their homes as one more means of establishing better standards of health, and therefore of efficiency and productivity.

We realize that there is no appeal greater than that of health. Even religion does not excel it because the common welfare of society is so deeply affected by it. The old adage that "A man's home is his castle" has given place to the realization that the world is our home and whatever effects one group cannot fail to more or less directly touch every other. For hundreds of years influential people have cheerfully given of their means to support hospitals and dispensaries; the tuberculosis campaign has considerably increased the number of sanitoria for tuberculous patients; but the American public has up to this time been comparatively slow in recognizing the claim of the poor and middle classes to adequate, skilled nursing care in their homes. It has been only vaguely understood that probably eighty to ninety per cent. of all who are sick are cared for in their

homes rather than in institutions. This is due to various causes; among others, to the fact that the supply of hospital beds is constantly overtaxed in the care of even the ten to twenty per cent. of those who are ill.

It is also a well established fact that the cost of services rendered by the visiting nurse is much less than that of maintaining the same patient in a hospital ward, and, as far as any comparisons have been made, the results of home care compare favorably with those obtained in similar cases in the hospital. It is safe to say that no philanthropy meets a more vital need or makes better net returns for its expenditures. We shall beg therefore, the people's careful investigation of the task which we have set for ourselves. When they are satisfied of its worthiness we may confidently expect that they will help us to spread the knowledge of and demand for a generally accepted standard of public health nursing. Without their active cooperation the work of the nurses must falter. It is the public at large which must know the standards of nursing service. It is they who must require such work as the Organization proposes to endorse. It is they who must protect those who are more or less dependent, through poverty or ignorance from exploitation by unworthy or untrained people.

If we are worthy of recognition as a national organization, working toward a larger measure of physical, and therefore of mental and moral, well-being for the masses of our countrymen, then the nation should regard us as seriously as it does the associations of sanitarians, statisticians, the Committee of One Hundred on Public Health, and those studying the housing problems, tuberculosis, and infant mortality.

Nurses can only hope to prove their claim to a share in this great enterprise when through common standards they are ready to offer a collective service. Our first duty, therefore, is to help to develop and maintain

standards both of technical and social education for the nurse. The need of each of these is equal and inseparable in the every day life of a public health nurse. It has seemed wise therefore, to establish as technical standards for members of the National Organization the following requirements; i. e., graduation from a hospital of not less than fifty beds, giving a general course of not less than two years, including obstetrics, and in states where registration pertains, state registration requisite.

Nurses frankly admit that their training school education has in no sense qualified them for the duties of social worker. Only a very few have availed themselves of possible opportunities for postgraduate work in this direction. Time-honored traditions of the nursing and medical professions have tended to make and keep nurses subservient followers of a physician's orders rather than independent thinkers and practitioners.

While truly ethical nurses will never fail to recognize their right relations to the medical profession, those who are to carry forward the work in public health fields must recognize that they have a more or less independent service to render, quite apart from the clinical problems, and in these aspects of their work they must become expert advisers both with the people themselves and with their medical and social worker associates. They can only honestly assume this new attitude of mind and action when stimulated by the consciousness of preparedness to do so. In order to meet this serious deficiency in their preparation for the larger field of medical-social work, we must encourage the establishment of schools to supply it. It is to be hoped that the not distant future will witness such a reorganization of training schools for nurses that ample provision for this training may be made in their curricula; but until that is possible a few carefully planned and well distributed postgraduate schools for public health nursing will probably be the only means of meeting this imperative need. It should,

therefore, be the duty of the National Organization to support those we have in Cleveland and Boston, and encourage the establishment of a few others. The two now existing have sounded the right note in that the one is already affiliated with the Western Reserve University and the other with the Boston School for Social Workers. In this manner both are able to maintain a right balance between the nursing and social and educational aspects of the work.

It is perfectly evident that at present and for the near future we cannot hope to have schools enough, even of this sort, to prepare all who are daily entering this field of work. Moreover, the demand for workers is too great and too constant to allow time for adequate preparation. The Organization, therefore, will urge individuals to seek experience in some well organized association before assuming the responsibilities of a public health nurse. It will also encourage associations already established to require of all their staff members the standards above named.

It would be unfair to exact of existing associations that they meet this requirement at once, and therefore the Organization, through its Executive Committee, has granted a period of five years, as previously stated, in which to reach these standards. This is in accord with the plan adopted by the Queen Victoria Jubilee Institute in England which has proven highly satisfactory to all. The insignia of these standards for corporate members will be a plaster cast of the seal, and for individual members a medal. This seal should be very dear indeed to the hearts of all American nurses because of our lamented Mrs. Robb's personal interest in the creation of its design and her hope that it might some day represent honorable standards for public health nursing in America. The emblem should become nothing less than a passport, like that of the Queen's Nurses, the Victorian Order, and St. Barnabas Guild. The nurses in the United States

have it in their power to make it an emblem of honor and dignity and public confidence as well as the insignia of their sisterhood. Its influence should be to bind nurses together in a deeper consciousness of solidarity and unity of purpose, and thereby make their collective service more effective.

A Successful Plan of Organization

MARY S. GARDNER

The organization of a Visiting Nurse Association naturally divides itself into two parts, one maintained to establish questions of general policy and to obtain the necessary financial support, the other maintained to do the work. The oneness of the two parts and their absolute interdependence on each other must not be lost sight of for a moment, and to the superintendent of nurses usually falls the duty of emphasizing this fact, and making clear to the officers and managers the point of view of the staff of nurses, and to the nurses the point of view of those who so largely control their work.

In speaking of the methods of management of the Providence District Nursing Association no claim whatever is made that they are particularly good methods. They merely seem to work smoothly under the local conditions of the city and have naturally grown from the short historic background of the Association.

Providence is a city of 237,000 inhabitants with large manufacturing interests and a foreign population of 148,000.

The first nurse was placed in a small district experimentally in 1900, other districts being opened and the city covered within three years.

The management of the Association lies in the hands of a president, vice-president, secretary, treasurer and thirty directors. A man has always held the office of president, but the other officers and the board of directors are men and women in about equal numbers.

There are but two standing committees, that of the supervision of nurses, and a dietitian's committee, but other committees such as nominating committees, dona-

tion day committes, etc., are appointed annually, and special committees are appointed when needed.

The Board of Managers meet monthly at 4:30 P. M. and a quorum consists of a majority. The Superintendent of nurses is always present for the greater part of each meeting, presenting statistics, and reporting in full on all points of interest. She also endeavors so to keep the individual work of the nurses before the board, as to give them as vivid an interest as possible, not only in the work itself, but in the nurses who are doing it. From time to time different head nurses are present to themselves speak of their branch of the work.

The Committee on Supervision of Nurses consists of twelve members, all women, who meet the day before the monthly meeting of the board of directors. With this committee the superintendent confers on every detail of the nursing work, not only for the purpose of obtaining wise help and advice, but in order that some permanent body of people may be in complete possession of the facts which make many situation problems.

The other standing committee, that of the Dietitian, performs the same function for the dietitian's work, the committee however being much smaller.

The board does not meet during July, August and September, but the Supervision Committee meet monthly throughout the year.

The funds come from four sources, from subscriptions and donations, from the patients, from the Metropolitan Life Insurance Company and from the receipts of an annual donation or tag day. There have been five such donation days, the proceeds ranging from $9,000 to $16,000. The day is in charge of a special committee of five, and the matter of collections have been very carefully worked out. For the purpose of Tag Day the city is divided into twelve districts, each district being in charge of a woman selected for her executive ability. She and her assistant are responsible for all money

collected in their district. Under these division-heads, work station-heads whose business it is to select and direct as many collectors as the division requires. These station-heads when possible represent the locality, a capable enthusiastic colored woman having been exceedingly successful in carrying on a station for three years.

The men of the executive committee attend to the advertising, supplies, automobiles, headquarters, collection of the full boxes, etc.

The day is valued not only because of the financial returns and spirit of universal giving evoked, but because it gives about fourteen hundred people an opportunity to give personal service to the Association thereby strengthening their interest in it.

So much for the administrative part of the organization.

The executive work is carried on from a central office, by a Superintendent and Assistant Superintendent of nurses. One stenographer is employed who also acts as recorder. In addition to the superintendents, there are thirty-three nurses and one visiting dietitian working in four different services, i. e., a general service, in which the actual nursing care is given the patients; and two advisory services, one for children and one for tuberculosis; also a dietitian's service in which cooking instead of nursing forms the basis of work, but where much advisory work is done as well.

Twenty-three nurses are engaged in general work, five of whom are pupils sent out from three large hospitals for periods of from six weeks to two months, as part of their training. During this time they live at their hospitals, and return for all classes and lectures, but do no work there and are responsible to the Association during all hours of duty. This arrangement has worked smoothly and well for eight years, the hospitals valuing the training for their nurses, and the Association valuing the constant renewal of enthusiasm for the staff,

and also the necessity placed upon the head nurses to teach, the surest way perhaps of avoiding ruts, and inertia. Coats, hats and car fare are furnished the pupil nurses by the Association.

For the purposes of general work the city is divided into six large districts, each district in charge of a head nurse of long standing, assisted by an assistant head nurse and as many floating nurses as the district at the time requires, also in five of the districts by a pupil.

The head nurse and her assistant exactly correspond to the head and senior nurses of a hospital ward. The head nurse is held responsible for everything in her district, for the records, and reports, the general harmony between cooperating agencies, doctores, etc., the work and health of her nurses, the training of her pupil, economy in use of supplies, as well of course as all the purely technical details of the nursing. She may of course detail any part of this oversight to her assistant, and is encouraged to do so, as the best executive is the one who can best carry on work through others.

The Superintendent or her Assistant always gladly welcome long talks with the head nurses as to the progress of those working under them, methods of work etc., and some of the best ideas as to administration have come not from the superintendent but from the head nurses. Head nurses' meetings are held at irregular time when round a tea table everything pertaining to district work is discussed from world wide questions of policy, to the shape of the summer hats.

Certain general principles of course govern all districts, but the head nurses are given a very free hand as to all matters of detail, and method, thereby making it possible for the Association to retain women of executive ability and initiative, who would not be able to work happily unless their creative and executive powers were made use of.

The advisory services are managed in the same way.

A head children's nurse is responsible for the five nurses working under her, while a head tuberculosis nurse takes charge of four others. The visiting dietitian has had only herself to take charge of until recently when those wanting to undertake this work elsewhere have come from away to work under her as voluntary workers for varying periods.

One may ask how are these various services and individualized head nurses held together and made sufficiently coherent to present a harmonious whole to the outside world. By the simple process of meeting at the headquarters of the Association every week day morning at eight o'clock. Each head nurse has a table round which are gathered the nurses working in her district. She goes over their daily report slips with them getting a report of each patient, arranges the day's work for the different nurses, sending them out as soon as this is done. All but the head nurses, are usually on their way before a quarter of nine. The head nurses then hand in their daily statistics, and leave with all clerical work done. This method prevents any time being spent off duty on work which should be done during duty hours, and any statistical mistakes or inaccuracies can be corrected instantly. The great advantage however of this method of starting work every morning from the office is that nothing undesirable gets a start through ignorance or misunderstanding. If a tuberculosis case needs nursing care it is given directly to the general nurse of the district by the tuberculosis nurse who continues to receive reports as to the condition of her patient and who talks over with the general nurse new situations arising in the family. Sometimes the tuberculosis nurse ceases to visit altogether, retaining her interest in the case through the general nurse, sometimes other situations in the family make an occasional visit from her advisable.

A general nurse finishes an obstetrical case where

the mother is unable to nurse the baby, and one of the children's nurses is asked to visit and deal with the feeding question; or she discovers a case of rickets in a family where the patient is the old grandmother, and takes the dietitian, introducing her as someone who has time to teach the mother how to cook the food required for the child.

Nurses being human, and human beings having, alas! a capacity for friction, I doubt if this method of different services and somewhat individual districts could be maintained to advantage without the daily bringing together of all the nurses. This coming together also makes it possible for the superintendents to keep a sharp eye on the health of the nurses, and also on that intangible but important something, which for want of a better word may be called attitude or atmosphere. Happiness, enthusiasm, pleasantness, sympathy, are just as important as accuracy, skilfulness, executive ability or wisdom, but sometimes the necessity for these former happily contagious virtues are not sufficiently emphasized if the superintendent cannot know personally each individual nurse.

Every Tuesday morning at 8:30 an hour's meeting is held at which every nurse must be present. Only an extreme emergency makes absence permissable, and for seven years nothing has ever occurred to prevent the holding of this weekly meeting, while the cases of individual absences are exceedingly rare. The doctors willingly arrange operations and appointments for a later hour, and other people have learned to regard the hours between 8.30 and 9:30 on Tuesday morning as sacred to the nurses meeting. It is only by laying stress on this point of attendance, that nurses can ever be gotten together, and I cannot speak too strongly of the value to a superintendent of such meetings. Afternoons are given out, announcements made, matters of local or general interest talked over, interesting cases cited,

new hospital methods described by the pupils, reports of conventions attended by any of the nurses given, articles read, or general discussion of debatable points held. An opportunity is also given to ask anyone to come for a half hour's talk on any subject without the agonizing efforts to arrange for the nurses to get there which attends an irregular meeting. No one is ever late because the nurses are at the office at eight, and the meeting is never allowed to continue a moment beyond the hour, so that appointments can be made and kept later. Any district nurse is welcome at these meetings and the school nurses (the only nurses in Providence working outside the Association) are always present while a number of the neighboring towns send their nurses regularly or frequently according to distance.

These meetings were begun when there were but four nurses to attend them, and a great effort has been made not to allow them to grow more formal, though the attendance is now between forty and fifty. A State Visiting Nurses Club holding meetings once a month, supplements these home meetings, and the simple supper after the meeting gives an opportunity for sociability.

Calls in before 8:30 A. M. are answered before noon, later calls, in the afternoon. The nurse responds to every call even that of a child in the street, but immediately notifies the doctor, if one is already on the case. No case is continued without a doctor. The Sunday work is done by the mornings work of the five pupils supplemented when necessary by one staff nurse, this duty being taken in rotation by the nurses. Even if not called upon to serve, the duty passes to the next nurse on the list, so that all the nurses but one can count on a free Sunday and plan to be out of town if they wish.

While an unusual rush of work is met by the usual staff for a few days, overtime work is not permitted to

continue, and graduate nurses who have served as pupils are called in from the directory to meet such a demand.

Cooperation is of course fostered in every way with other agencies and time is allowed for it.

Every day or two a list is sent of every ward patient leaving the Lying-In Hospital and the mother is visited by the children's nurses.

There is the same arrangement with the Rhode Island Hospital regarding children leaving the Infants Ward. Tuberculosis nurses are present at the Tuberculosis Clinics of the Rhode Island Hospital Out Patient Department, and at the night clinic, while the children's nurses attend the children's clinics and also two outside weekly consultations for well babies. For the Board of Health they also regularly visit and report on all the licensed boarding houses for babies, giving of course advice and assistance. This cooperative work takes time but carried on as it is by the advisory services, it is not difficult of administration, and is in our opinion productive of much good.

Many of our methods are of course common to all associations, the large districts manned by a number of nurses and the three services probably being the main points of difference. The objection to these arrangements are obvious, the fact that a patient may have the ministrations of several nurses instead of one, and the possible loss of time. In regard to the ward method of administration for the districts, we feel that the advantages offset any disadvantages, in that there is a continuous policy carried on in a district, which is unbroken by the illness or absence of the head nurse, that the pupils and new nurses are assured adequate supervision, that critically ill patients can all receive early morning care, that especially trying cases do not have to be visited day after day and week after week by the same nurse, and also most important of all because it reduces the danger of unwise management of a case or

situation involving other agencies, all matters pertaining to the district being dealt with by a head nurse of long experience selected because she has the requisite qualities for her position.

In considering the method of the three services, it must be remembered that there is no other kindred agency in the city doing visiting nurse work except the municipal nurses for school work. Without this specialization it would seem to us impossible to do justice to the whole question of tuberculosis or of the health of children.

Our short distances make of course a very much simpler question of the loss of time, and care in adjustment of the cases exchanged by the different services does away with duplication of visits.

It seems unnecessary to speak of the general policy which thoretically at least governs all good associations, that of rigorously standing against over-time work, and that of attention to the health of the nurses. A day or two off duty at the beginning of a heavy cold or a slightly augmented week-end if a nurse seems dragging, ought to make the eight hour day with the free Sundays and half day possible for any nurse of average health for eleven months of the year. We believe that happiness is essential to good work, and we believe that to give out so much the nurses must take in, and so arrangements are made to give time for lectures and meetings. We are also strong believers in "parties" and good times which strengthen the *esprit de corps*.

In responding to the request for this account of the Providence methods of organization, I have felt many times that it was impossible that anyone could be interested in all the details. I have realized however, that it has been from the knowledge of just such details in other cities that we have been helped ourselves, and that occasionally even the study of cases inadaptable to local conditions have been of assistance.

The Victorian Order of Nurses for Canada

Mary Ard. MacKenzie, R. N.

Canada is with reason proud of her Victorian Order of Nurses. It is a unique organization, is the National District Nursing Association and much besides. It is wrapped up in a wonderful way with the growth and development of the country—and how great has that development been the last fifteen years! To the Order Canada has always been one and undivided—there has been no East, no West.

The Order had a most happy beginning—it was founded as a Diamond Jubilee Memorial to the most beloved Sovereign England has ever had—Victoria, The Good. Up to the year 1897 there were, in Canada, two large classes of people, who were practically left unprovided for in time of illness; there was the large class of very poor, who could not pay anything toward their nursing care, and then the much larger class, necessarily in a country like Canada, of the so-called people of moderate means, hard-working, self-respecting people, for the most part, who were able and willing to pay something for their nursing care, but could not pay the private nurses' fees—moderate though these fees are, considering the services rendered—nor had they accommodation for another person in their homes. These needs had been felt for a long time, but nothing had been done. But in the Jubilee Year, when all of the beloved Queen's loyal subjects were seeking suitable memorials to commemorate her Diamond Jubilee, the happy thought came to Lady Aberdeen, who was then at Government House, Ottawa, to found an Order of Nurses, whose special work would be the care of the people of those two

classes, in time of illness. This was done in accordance with Queen Victoria's desire that, where possible, the memorials should take the form of means for the relief of the poor, the suffering and the unfortunate. So a Royal Charter was granted. As set forth in that Charter the chief objects of the Order are:

(1) To supply nurses, thoroughly trained in hospital and district nursing, and subject to one central authority, for the nursing of the sick who are otherwise unable to obtain trained nursing in their own homes, both in town and country districts.

VICTORIAN ORDER NURSE—CANSO, NOVA SCOTIA

(2) To bring local associations for supplying district nurses into association by affiliating with the Order which bears Her Majesty's name, and to afford pecuniary or other assistance to such local associations.

(3) To maintain, as a first necessity, a high standard of efficiency for all district nursing; and,

(4) To assist in providing small cottage hospitals or homes.

That programme was very ambitious, very comprehensive, and up to the present time, the working out of it has resulted in a three-fold development of the Order's work.

At first the work naturally gravitated towards the parts where there was least resistance—that is where the work was lying ready to be done. And we find that, for the first three years, the activities of the Order were directed towards the organizing of local associations for supplying district or visiting nurses in the more or less congested parts of Canada.

Then, in the year 1900, Lady Minto, who was then the Honorary President of the Order, made an extended tour through Canada, and was so impressed with the great need of the people in the newer parts of the Dominion for more adequate nursing care than could be given by visiting nurses, that she was instrumental in collecting a sum of money which finally settled into what is now known as "The Lady Minto Cottage Hospital Fund." This fund is administered by the Victorian Order and it is from the interest on it that grants are made from time to time towards the building of small hospitals, in parts of the country where they are needed, and where there would be difficulty in collecting enough money to build without this assistance.

From 1900 until 1909 the work of the Order went on in its two-fold capacity. Then, in 1909, owing to a number of urgent requests from the North and West, that the Order would do something to help still further the people in the outlying parts, especially the women, the Board of Governors decided to devise some plan which would make it possible to carry trained nursing to those who were not near hospitals, or who could not go to hospitals for various reasons. This plan, which was worked out, and which is merely another development, has received the name of the "Lady Grey Country District Nursing Scheme."

The experience of the Victorian Order has been the same as that of most things in Canada—very rapid growth. First, in our cities and towns, the branches are multiplying, the work is increasing, new nurses are be-

ing added steadily, and new phases of work, due principally to the great revival of the Social Service idea, are being taken hold of by our nurses; for example, tuberculosis work, school nursing, child welfare work, and so on.

The hospital scheme, which started as a very unambitious one, has grown very rapidly. It soon became evident that in a place where a ten-bed hospital is adequate for one year, the next a twenty or thirty-bed one is an absolute necessity. Besides hospitals which have received grants from the Order, we have always had others merely affiliated with it, in order to receive the benefits derived from affiliation, viz. having Victorian Order Nurses, receiving advice from the head office and an annual inspection by the chief superintendent.

Many hospitals, now large city institutions in Western cities started under the wing of the Victorian Order, as little Cottage Hospitals. The Order helped them over the rough and trying spots, taught them good hospital management, supplied them with the best of nurses, until such time as they felt able to go alone, then she released them with her blessing. Who can calculate what the little Victorian Order hospitals have meant to Canada the lives saved, years of invalidism or deformity prevented, and the spread of knowledge of things pure, healthy and wholesome! The Order has never turned a deaf ear to a call for help from any part, however remote, and so her hospitals are found "way down East," in connection with Dr. Grenfell's mission in Laborador; up in the Cobalt region, at North Bay and New Liskeard; on the prairies, among the foothills; in the little British Columbia towns nestling in the mountains; in the beautiful lake country, away up in the Cariboo country, miles from the sound of the snort of an engine; or among the lumber camps on the beautiful Pacific coast.

Much, very much has been accomplished, and is still being accomplished, by the Cottage Hospital Scheme.

But the women who cannot leave the home to go to the hospital, must they suffer without care? Not so, and the next development comes, "The Lady Grey Country District Nursing Scheme."

By this scheme, a local association, instead of being organized in a city or large town, is organized in a large country area of twenty miles square or more, for the purpose of supplying trained nurses for the people on the homesteads, ranches and farms. The nurses have their headquarters in the most central spot possible, and go out to patients, near at hand, or five, ten, fifteen or twenty miles distant; they combine continuous nursing with district nursing, and it is hoped that they will prove not only nurses, but also friendly visitors, teachers and advisers to the people in the lonely parts of the country.

In connection with each country district, we are planning to have a Nursing Home, with accommodation for at least two nurses and two emergency patients, so that there may always be a clean, sweet spot where an accident case or maternity case may be taken and receive skilled care. One of the nurses will look after the Home and the patients in the immediate neighborhood, and the other will respond to calls to more distant parts. In these Homes, too, it is planned to have a good deal of teaching done, mothers' meetings, home-nursing talks and so on, arranged for. The Order's hope is to have in the near future a chain of these Homes stretching clear across the continent, so that there may be fewer and fewer people out of the reach of trained nurses. When that is done, we shall feel that the problem of the nursing of the people in the isolated parts of Canada is practically solved. And here we may add that it points a way for the solution of the problem of the nursing care of the people of moderate means.

The machinery of the order is very simple. There is

the Central Authority—the Board of Governors—which is the large board of management for the whole Dominion. This is composed of (1) five appointees by the Governor-General, who is the Patron of the Order; (2) two representatives from the Dominion Medical Association; (3) one representative from each Provincial Medical Association; and (4) one or more representatives from each Local Association, in accordance with the work done. This is a very representative Board—each branch, no matter how small or how remote, has representation on the Board, has a voice in the affairs of

FREIGHTER—CARIBOO ROAD.

the whole Order, and may bring before the Board any matter of local interest needing adjusting.

When any locality wishes to have one or more Victorian Order nurses, the usual procedure is to form a Local Association. These Local Associations are organized by the authority of the Board of Governors and a Local Committee of Management is voted in by the members of the Local Association. This Committee has practically full power locally. But the connection between it and the Central Authority is very close. All nurses employed must be recommended by the Chief Superintendent, but the appointment is made by the

Local Committee. Monthly reports of the work done are sent in by the nurse-in-charge to the head office, and annual reports from the officers of the Associations and Head Nurse. The district is inspected at least once a year by the Chief Superintendent when she makes rounds with nurses, inspects the Homes, or the accommodation, if the nurses are boarding, examines the books, meets the committee, talks over the work, suggests new lines of activity and settles any difficulties. Often public meetings are arranged for, when the Chief Superintendent delivers an address on the work of the Order or on kindred subjects. In all these ways, the connection is made and kept very close indeed.

When the writer made her first tour of inspection of the branches of the Order, from the Atlantic to the Pacific, she returned to Ottawa fairly tingling with enthusiasm at the magnificent work which was being done in the name of the Order, and at the wonderful possibilities for the future.

For, as she followed the nurses into the simple homes in the little fishing villages in Nova Scotia and Cape Breton; into the workingman's cottage in the larger towns; into the tenements in the cruel slums of our larger cities; into the schools, the milk stations, the homes where tuberculosis holds its victims; into the little hospitals, away up in the mining towns or out on the beautiful prairies; out into the ranches in the ever lovely foothill region, where the country nurse holds sway; or into the little hospitals in the mountains, and clear away out into the Pacific coast branches, she found that there was no mistaking the fact that all were Victorian Order nurses, and that each one fitted into her particular corner as though she had been there all her life, and it was good to be there. And the committees, with hardly one exception, were working away as though their existence depended on the results, throwing all their energies into the service and loving their work.

Truly, it is a unique organization! Never before had the writer met with anything like it, and in trying to find out the secret, it seemed to her that the Order has all the fascination of an intensely interesting personality —it is strong but sweet, steadfast yet varied and full of surprises. It draws one, holds and enthralls one. And, looking back farther still, this charm may be traced to the conception of the Central Authority, for it is that which binds together the whole Order, from coast to coast; it is the bond of sympathy, to which are due the unity, strength and beauty of this magnificent organization.

LADY MINTO COTTAGE HOSPITAL.

In this connection we must mention the Royal Charter as a sample of organization. It is now some fifteen years since that Charter was granted, and, today it is as much up-to-date as it was when granted. In all the changing conditions in the country, there has not been one nursing need that has arisen that is not adequately provided for in that Charter. And the more we study it, and see it take form, the more we are gripped with the belief that it was inspired.

And the nurses of the Order? In that same Charter we find the highest standards were set for the nurses,

and the Order was constituted the guardian, as it were, of those standards: "To maintain, as a first necessity, a high standard of efficiency for all district nursing," and well have the duties of guardianship been carried out!

Nurses for admission must be graduates in good standing of General Hospital Training Schools. They then come to us for a four months' post-graduate course in district nursing, which is given at one of the Training Homes of the Order: Toronto, Ottawa, Montreal, Vancouver. During that time the nurse receives experience and instruction in district nursing and in Social Service work, and lectures are given on district nursing and allied subjects. At the end of the course, if the service has been satisfactory and the nurse shows that she possesses the proper qualifications and the right spirit for Victorian Order work, and wishes to join, she is admitted by the Board of Governors, on the recommendation of the Chief Superintendent, is presented with the diploma and medal of the Order and is placed wherever there is a suitable vacancy. Nurses in active service wear the medal of the Order—bronze for nurses, silver for Head Nurses. All appointments are for at least one year.

On ceasing to belong to the Order the nurse, if her service has been satisfactory and has extended over a period of three years, is presented with a miniature medal, with her name and the dates of her admission and withdrawing engraved on the back.

The Order is now in its 16th year, extends from the Atlantic to the Pacific, has branches in every province, except little Prince Edward Island. It is growing very rapidly, because it is so well adapted to all Canadian conditions, is founded on such broad philanthropical principles and lends itself to all developments in Social Service work.

Such, in very rough outline, is the story of the founding and the development of the Order, with its underlying principles.

In the scope of one article it is impossible to go into all the interesting details of the work in the various branches. Each one is replete with all those things that make up life, and therefore are full of human interest. All the hopes and fears, the joys, sorrows, loves and hates, the disappointments and the triumphs which spell "Life," are found in all the branches, in varying forms. And it is one of the many privileges of the Victorian Order nurse that she may read what is written there, for to her, as to every true visiting nurse, is given "the heart to understand."

The Bookkeeping of Public Health

Robert S. Chaddock, Ph. D.

Vital statistics are the bookkeeping of the public health movement. They show where to look for the causes of bad health conditions and they demonstrate the success or failure of remedial measures when applied.

Studies Needed on Health Problems.

Our present local health reports are inadequate for social and scientific purposes. Most of them are a mere statement of a minimum of information for general administrative purposes.

The head of a business firm asks of his bookkeeper more than a statement of general results. He wishes to know what lines of effort have yielded the best returns and what, if any, have been conducted at a loss. He wishes to know the weak spots in his system of business administration in order that efforts may be concentrated at these points.

Likewise the health department of a city should know from its bookkeeping division what causes of sickness and death are increasing and what causes are decreasing in the community as a whole. This information most reports will show, but such data are too general to afford the basis for intelligent social action in preventive work. Scores of scientific men are constantly striving in research laboratories to discover the specific germs which cause or annihilate disease. Is it any less important to study the city and industrial environment as a cause of disease and sickness? The city offers to scientific men a unique opportunity, with its variety of racial elements, its diversity of occupations, and its differences of habits and social condition.

The explanation of health conditions usually involves a study of smaller portions of the community

in order to discover a particular set of conditions operating. It is possible, within some smaller unit, to change conditions and then to observe the effects, just as the scientific investigator in his laboratory varies the elements of his compound and watches the results. The agencies which promote health in the community wish to find out what line of effort are most effective in decreasing disease and saving lives; what occupations are so dangerous to health as to require legislative interference to protect employees; in what sections of the city, or among what nationality, or under what sort of industrial and living conditions the mortality rate of infants is high. Does the crowding of population, as shown by the numbers of persons per room, result in higher sickness and death rates? Do bad sanitation and ignorance affect the rate of mortality? What is the relation of pure milk to health? What is the effect of milk stations in the districts where they have been established? What trades are especially dangerous because of tuberculosis? How does housing affect the problem? Is the death rate from tuberculosis lower where hospitals and sanatoria have been provided for dangerous cases, and where a force of nurses give instructions in the home? Does medical inspection of schools prevent the spread of contagious diseases and produce a higher standard of physical and mental excellence? There are current beliefs about these problems and many more, but these beliefs have not, in most cases, been put to the statistical test of quantitative measurements. How many city health reports in the United States attempt to relate causes of deaths to occupation, although the occupation is usually stated on the certificate of death? How many cities try to correlate infant deaths with the occupation of the mother or methods of feeding? How many cities try to correlate density of population with mortality and sickness? At present, few of these important health questions are adequately answered through the records and reports of health departments. It is not

sufficient to publish general death rates for a city or even for a ward. Conditions are too diverse within the larger areas. The divisions must be smaller in order to show differences in health associated with differences in housing, sanitation, nationality, working conditions, special provisions for pure water and pure milk. At present the answers are generally left to special inquiries over limited areas.

Vital Statistics Related to Population Statistics.

In order to arrive at an accurate measure of progress in sanitation and health, rates of sickness and death must be computed from year to year. From 1000 persons living we wish to know how many are sick or die annually from various specific causes, and from all causes. Of course this requires a correct enumeration of population every year or a reliable scientific estimate of population at the inter-census years. It also requires a careful record of deaths in the community. In the case of infant deaths the rate is computed as a number of infants dying per 1000 births. But the registration of births is notably defective in the United States. Therefore, in our health bookkeeping we are, in any year, especially during inter-census periods, uncertain as to the resources side of our account. Deaths are more accurately recorded than births and the population is not enumerated often enough, nor by small enough areas in our large cities.

Furthermore, it is not sufficient to enumerate the total population for a city or ward. The population must be classified by sex, age, nationality, conjugal condition, and occupation, because deaths vary according to these classifications. Seattle has a low death rate compared with New York City, but before we may conclude as to the relative healthfulness of the two places it is necessary to eliminate differences in death rates due solely to differences in age and sex grouping. It is the common experience that death rates for females are lower than for males. Between one fifth and one fourth of all deaths

occur under one year of age. It is obvious, therefore, if two city populations have different proportions of the sexes or of young children this will in part account for differences in death rates.

To meet the needs for local health studies it is exceedingly desirable to have the enumeration of population by smaller divisions than boroughs or even wards. It is only by intensive study of localities having certain living and working conditions and certain classes of population, and by comparison of these localities with others having different environmental and human conditions that we can secure information on which to base a program of future social action on health problems. Our health and sanitary data should then be gathered for these same smaller areas in order that vital statistics and population may be properly related.

This unit for population and health data should not be a political one, such as the assembly district. Such a unit is subject to arbitrary change of boundaries and there is no assurance that it will cover the same area at succeeding censuses. If it does not, we cannot compare conditions at different periods without danger of serious error. Besides, we wish to know, at successive periods, the changes in population over the same area, the changes in nationality, in room-crowding, in sanitation, in living and working conditions, in order to relate these changes to changes in birth and death rates, accident and sickness rates,—in this manner measuring sanitary and health progress.

In order to secure more accurate population facts, by these smaller areas, classified in the manner already suggested, a local census every ten years is needed in our larger cities to supplement the decennial enumerations of the Census Bureau. It is not possible to estimate with accuracy the population in its various classifications over small unit areas. This is especially true of a dynamic population such as that of New York City, with its large immigration.

There is a further difficulty in relating health facts to population. The two sets of data are gathered by different agents. The population facts are gathered by trained agents of the Federal Census Bureau. They have their instructions as to classifications of occupations among the population. Deaths and other health data are registered by the local health authorities and their classification of occupations is not the same as that the Census Bureau nor has it been worked out with the same uniformity and definiteness. It is difficult, therefore, to compare the number of deaths or numbers ill in a given occupation with the numbers engaged in that occupation as recorded by the census authorities. The need is for local health authorities and census authorities to agree on a uniform classification of occupations so that both population and health data may be classified according to the same occupational groups.

It is, therefore, apparent that our bookkeeping problems in public health are not simple and that we still lack many of the fundamental data of the problems. For these missing links in the explanation of bad conditions and for light on a wise program of social action concerning public health we must turn to those who have an intimate knowledge of all the factors that enter into the complex social situation. To whom should we turn with more hope of help than to the nurse?

The Nurse's Knowledge of Health Data.

The nurse comes into possession of a fund of information which has been mainly utilized in the past in treating the specific case. Much of her information has not been utilized at all—information which is of immense value in any movement for the prevention of the recurrence of the very thing she is treating. Such knowledge when combined, according to a uniform method of classification, for a large number of cases treated by many nurses would, without doubt, make clearer the course of social action in preventing sickness and death.

The nurse, morever, has access to the kind of information which local health departments either cannot or do not secure. She can, if she will, and if she has the opportunity, supply the data which we lack in explaining the causes of high infant mortality, tuberculosis, or ill health among school children.

If the writer believed that the gathering of this information, in some orderly and classified form, would interfere with her primary duties in the case which she treats, or would destroy the relation of cofindence and trust which she at present holds toward the family she visits, he would not urge it. But the nurse comes naturally into the home on her errand of healing and advice. Social agencies may send a representative to investigate but such a person comes with the purpose of inquiry. It is otherwise with the nurse, for she comes on an urgent and immediate mission of helpfulness, often merely executing the physician's orders. Her knowledge of the situation comes to her as an incident of her other duties. This valuable information has not been utilized.

(1) Data on Infant Mortality.

The nurse finds out the data that are really fundamental in solving this problem. She knows, before she has dismissed her case, whether the mother worked immediately before childbirth, and could easily add the information as to whether she worked in an occupation especially dangerous to health. She can judge of the ignorance of the mother both in caring for herself before the child was born and in caring for the child. She has opportunity to study the method of feeding in relation to infant sickness, the proportion of mothers who feed their babies artificially and the reasons for it. She may observe how instruction of mothers in the milk stations and in the homes, both before and after the child is born, affect morbidity among the children. She knows the effect of low incomes, which compel the mother to

work too soon after childbirth, leaving the care of the child to others, and which provide poor housing and sanitary conditions. She can see the effects of room-crowding, bad sanitation, lack of ventilation, lack of nourishing food, lack of regular income, home manufacture and many other conditions which no health department records will show. She can relate the health facts closely to the environment as well as to personal responsibility. Most of these facts are capable of quantitative measurement and may be used for statistical purposes with reference to names, in such a manner that the nurse need not violate any confidential relationship which she feels toward the patient.

(2) Data on the Tuberculosis Problem.

The local health departments do not analyze deaths according to occupation, and yet, in the tuberculosis campaign it is of the highest importance to know what occupations are most dangerous to their workers from the point of view of this disease. The nurse either has or could easily secure this information in each case. Moreover, it is important to get some idea of the number ill from this disease, classified by occupations.

There is a strong feeling that if the disease is to be controlled in the city community, where people live in such close proximity, there must be more adequate provision of means of segregating advanced cases. No person can contribute more accurate proof of this need than the tuberculosis nurse. She knows or could find out in a large number of her cases how the disease was contracted. She observes the ignorance and lack of caution in the home which result in spreading the disease. Besides working conditions, housing and nourishing food are of the highest importance as factors in the problem. Here, again, the nurse observes the situation and could record facts as to living conditions, crowding, income, home manufacture, and other factors which our present

records do not furnish. It is also realized, to some extent, that the patient needs further attention after he is dismissed from a sanatorium. The nurse may observe what proportion of the cases so dismissed come under her care. This information will furnish proof of the need for further supervision.

(3) Data as to School Hygiene.

The school child is a good index of community health. The nurse, from her intimate acquaintance with the home and surroundings of the school child, can often explain physical defects and backwardness in school. In her professional visits she becomes familiar with the fundamental facts in the problem. She knows whether the chief breadwinner of the family is a widow, and whether mother and older children are away from home at work so much of the time that the children who attend school are neglected. She knows why the school child is undernourished and physically weak. She observes that the child works with the rest of the family in the processes of home manufacture during long hours after school, sometimes being kept from school for this purpose. His irregular attendance and physical exhaustion from home work she knows to be the reasons for his falling behind in his school work.

In this paper it has been suggested how inadequate our bookkeeping in public health has been, how many of the fundamental factors in health problems still remain unknown, what some of these factors are, and what valuable knowledge the nurse possesses, if only it could be properly utilized.

The nurse answers that she is a nurse and not a bookkeeper in the health movement. It has been suggested that she is rather the expert accountant who is able to supply the unknown quantities in our health information. This view makes the nurse an important factor in the wider preventive compaign. The data she

possesses, or might easily secure, are the very facts from which the relations of cause and effect may be shown. To find out and demonstrate clearly the causes is the necessary preliminary to prevention. Physicians are not content today with merely healing the sick. They are in the movement to prevent disease. Likewise, the nurse may have a far wider viewpoint than merely healing or individual service. She may offer the data which will educate and influence public opinion—the data which will stimulate social action to conserve the health and efficiency of each individual in the community.

The New District Nurse

Records

When a graduate nurse first enters the field of district nursing she does not perhaps quite realize what a very different kind of work she is taking up from any she has heretofore undertaken. The bedside care will be the same; the reports turned in to the physician will be made out in the same way; perhaps even the observation of the patient may be more or less the same—I say more or less for the social condition of the patient will now enter largely into the treatment of his physical condition, and for that reason must be specially observed.

But with these three features of a district nurse's work, i. e. the bedside care, the medical record, and the general observation of the patient—ends practically all resemblance to her former work. Hithereto she has been an observer of medical problems only, she now deals with social problems as well. From now on she will have to depend largely upon her own judgment and initiative instead of upon the physician or head nurse; for, although all cases are under the supervision of a physician, there are many times where it is necessary to act quickly and use authority. The district nurse must also be resourceful, for she will no longer have the well-equipped hospital closets to draw upon, neither will she have money to buy even the simplest sick-room necessities. To be sure, the loan closet of the association, for which she works may supply bed linen, night gowns, syringes, rubber bags, etc., when the need is reported, but that is seldom before the second day; and her little black bag always contains bichloride tablets, alcohol, olive oil, castor oil, boracic acid, powder, peroxide, lysol, vaseline, rubber enema tip, 1 rectal thermometer, 1 clinical

thermometer, 1 medicine dropper, 1 forceps, 1 probe, 1 glass douche lip, 1 glass cathever, 1 glass irrigating lip, porcelain bowl (small), safety pins (large and small), talcum powder, soap and soap box; bag containing cotton, bag containing gauze, bag containing bandages, package maternity pads, 1 apron, 2 towels, rubber gloves.

But beyond these things the district nurse must use her ingenuity in securing her working outfit. She soon learns, therefore, that a dishpan or a bread bowl must often serve as a bath tub; that a chair makes a very good pillow rest; and that a night gown must be washed every day if she would have a fresh one, for even those who use them (and many don't) seldom have more than two. And so their inventive genius and powers of observation are constantly increasing. One nurse lately learned that the heavy wrapping paper used by butchers makes very good "rubber" sheets, and is most inexpensive, and another found that a piece of cheesecloth makes admirable window screens for a tubercular patient.

When a nurse begins social nursing alone—that is with no superintendent or head nurse over her—it is almost a desperate situation. The difficulties she will encounter and the problems she will leave unsolved must necessarily be legion. It is well, therefore, when possible, to start the work with some well-organized visiting nurse association where, for a few months at least, the work can be under supervision; for even when the nurse has taken a course in social training she will feel the difference between academic study and real experience in a district, and will be glad of someone to turn to when trying to solve complicated human problems.

Perhaps the most difficult and yet one of the most essential things for the district nurse to learn is how to fill out the social history card, how to answer accurately the various questions asked, and how to obtain these

answers without arousing the resentment of her patients.

In some cities it is thought wise to obtain all the data for the card during the first visit to a patient. We in Cleveland differ; we feel that where much stress is laid on the investigation during the first visit that the patient becomes suspicious and secretive, whereas if she spends her time giving some homely personal service to the family or in giving bedside care to the patient, she will immediately be looked upon as a friend of the family, someone who has come in to help in time of need, and before the patient himself realizes it he will have laid bare all the family troubles.

The first piece of advice to a new district nurse should be:

"Remember that the people you visit are just like ourselves; they are poor, they may be ignorant, but so much the more likely are they sensitive and suspicious. Don't think of them as Cases or Foreigners or even the Poor, just think of them as folks. Moreover the houses you go into are their homes—very poor ones to be sure, but nevertheless their homes—respect them as such. Don't pry! Don't appear to be investigating. Never show your note book."

With this as the foundation stone for her future work the new district nurse goes forth. She has put on her blue coat and hat—her uniform—and has thus become identified with all the other visiting nurses who for years have been going in and out of the houses of the poor and winning their confidence; the superintendent has given her the little black bag filled with the various articles which she may need on her day's round—things that she would not have thought of taking until experience had taught her the need; and finally she is given her report book for her daily notes, and the record cards for the histories of her patients—two for each case, a medical history card and a social history

card—and thus equipped she starts on her rounds. Her success or her failure will depend greatly upon her own peculiar fitness for the work, and yet the manner in

NEAT ROOM, INDICATING THRIFTINESS IN SPITE OF POVERTY.

which she is directed during the first few weeks of her noviciate will prove an important factor in the kind of a visiting nurse into which she will develop.

First of all, district work requires a well trained nurse, the very best is not too good. This fundamental fact is becoming more and more generally recognized. If the public sends a nurse to minister to a sick person the public must be very sure that the nurse knows just the proper way to minister, for life or death may be the result of her ministration. Moreover the nurse must be tactful and resourceful and sympathetic, for without these attributes she may make serious trouble in the community; and finally she must be orderly and as dainty and neat in her way of doing things as though she were still working in the immaculate ward of a hospital. I have often found little girls in the home watching the nurse pack her bag, or looking at the fresh, clean towel, apron, or dainty soap box with an expression of almost envy. If the nurse and her equipment are neat and in perfect order she at once becomes a living example of the things she represents and tries to teach.

And, last of all, the nurse must be observant—observant with a big O, for unless she can fill out her record cards greatly from observation instead of by questioning, she will be looked upon by the patient as an investigator, an intruder, instead of as a friend, and where that is the case, a visiting nurse loses half her value.

And now suppose we enumerate a few of the many questions which the nurse is supposed to answer in regard to the patient whom she sees for the first time on this morning's round:

Age?
Nationality?
Place of birth?
Number in family?
Number of boarders?
Number of rooms?
Rent paid?
Wages received?
Amount received from boarders?
Occupation? or School Grade?
Condition of house in regard to:
cleanliness?
repair?
light ?
ventilation?
toilet?
yard?

Affiliated with what lodge?
Connected with what church?
Amount of life iusurance?
Amount of milk used daily?
Family history—tuberculous? alcoholic? feeble minded?
Character of family—intelligent? thrifty? ignorant? shiftness?

At first glance it would seem as though only a Spanish Inquisitor could find out the truth about so many and such personal questions, and yet a well trained visiting nurse will be able to answer them all without so much as arousing the suspicion of the family that she is investigating.

First of all she divides the questions into two classes:

1st: Those that may be answered by observation alone.

2nd: Those that require a direct answer by questioning.

The minute she enters the house she begins mentally to answer some of these questions (and she must train her mind to remember, for her note book must never be seen).

Observations in regard to questions pertaining to the condition of the house is simple. Cleanliness—or the lack of it—is apparent, as also the amount of light and ventilation. Mouldly wall-paper, a stained ceiling, broken steps, sagging floors, all denote the condition of the house as to repairs. The yard may easily be inspected either in coming or going. The amount of air space in the sleeping rooms may be calculated at once and later divided according to the number of persons found occupying them. As to the type of family to which the patient belongs, that is more difficult to ascertain, and first appearances are not always conclusive. There are certain general conditions, however, which are indicative, and point the way to final judgment. A torn loaf of bread lying exposed on the kitchen table, and a greasy cup beside it usually mean that the family eat where and

when they choose, dipping up a little soup from the kettle, and tearing off a piece of bread which they eat standing. That family is shiftless and untidy. A loaf of bread smoothly cut, and chairs placed around a table would indicate that the family tried to be decent and orderly no matter how poor. A sink filled with old rags, egg-shells, perhaps—as I once saw—dead mice, would

DISORDERLY ROOM, INDICATING SHIFTLESSNESS THOUGH NOT POVERTY.

surely show that the water was not running and that probably the plumbing was out of order. On the other hand a well-blackened stove, a clean curtain at the window, a floor covered with clean oil-cloth, (even if worn and patched with different patterns) would show thriftiness and a desire for right living.

When it comes to the questions that require a direct answer the tact of the nurse comes into play. To ask a person his age, the amount of his income, the insurance he carries, and the rent he pays, is certainly inquisitive,

and would naturally arouse the indignation and resentment of any person of nice feeling or sensitiveness. Real friendliness must underlie these questions in order to rob them of their sting.

The blue-eyed baby playing on the floor calls forth your admiration, and you say:

"Here 's a little blue-eyed German baby!—he was born in Germany was he not Mrs. Schwartz?"

"Ach nein! he good American baby—he born here, and Lispeth born here!" answers the mother with some pride.

But you were born in Germany were you not?" continues the nurse.

"Ja, Ja! I born in Wasserburg am Inn, ach so schön, so schön!" and the conversation slides off into a description of her birth place and a history of her family. But the nurse has learned her nationality, the place of birth, and by a little maneuvering can easily learn her age without asking the blunt question "how old are you?"

Again the baby—or in fact any child—will easily furnish a starting point for questions leading up to the number of children, ages, grades in school, health, etc., for almost any mother likes to talk about her children; and by seemingly innocent questions as to whether the baby resembles its father, one can lead the conversation toward the husband, his habits, his occupation, and by manifesting real interest can usually find out the amount of income and the insurance, if any.

Perhaps a visiting nurse is the only person in whom gossip seems ligitimate. Certain it is that a little harmless gossip will often help to unbar the gates of reserve, and reach the heart of the patient. A little chat about Mrs. Smith up the street—the size and number of her rooms, and the rent she pays for them, will often elicit information as to number of rooms and rent paid; and a talk about Mrs. Brown's baby and the milk she gives

it may help one to find out the amount of daily milk used by the family.

In this way a truly friendly relationship will be established, and future investigation will be a matter of great ease—in fact most of the data will henceforth be furnished spontaneously, and before one is aware of it the formidable social history card will be filled out with valuable statistics, which will indicate the symptoms of the social ills, without which neither the nurse, nor the doctor, nor the public health officials could hope to diagnose, cure and prevent.

Another Field of Usefulness for the Graduate Nurse

J. A. Stucky, M. D.

The day is fast approaching when the graduate nurse who can do no more than technical bed-side nursing in the hospital and the home, will be considered of no higher rank than is the practical nurse today. The horizon of the trained nurse profession is broadening and an unlimited field awaits her as the help-mate of the medical man, not only in the alleviation of disease and pestilence but in their prevention. The day is not far distant when the educational and womanly qualifications for entrance into Training Schools for Nurses will be much higher in all the Schools than it is today; indeed it will be on a par with the higher education demanded in University Curriculum. Already the demand for the trained district nurses in the city, the agricultural districts, and the mountains, is far greater than the supply, and this demand for the best womanhood with the best training and educational equipment for the special departments will increase, 'till the medical profession have wiped out by educating the people, all preventable diseases.

Much of this educational work, indeed the most important and far reaching part of it, can best be done by the educated, consecrated, womanly woman who can go into the privacy and sacredness of the home of the ignorant and unlettered disseminating the knowledge of the Gospel of Health and Happiness. Especially is there a crying need and urgent demand for this kind of work in the mountains of Kentucky. Here as no where the trained district nurse is needed to co-operate with the doctor, the district and county school teachers carrying

into the homes of the people the correct observance and the saving knowledge of domestic hygiene and sanitation. Our hearts are softened and our eyes moistened and purse strings opened by recitations of the conditions of body, mind and soul of those in far away heathen lands. But "far away hills look green," and "distance (usually) lends enchantment to the view."

GROUP OF TRACHOMA SUFFERERS

Within less than 100 miles from where I now sit writing this, in my home, in Lexington, noted for its culture, educational facilities and activities, in the "heart of the Blue-Grass region" with its great wealth and unsurpassed agricultural qualifications, are thousands of a splendid, "peculiar people" who are unlettered, and ignorant of the fundamental principles and laws of domestic hygiene and sanitation. A people of genuine Anglo-Saxon lineage, honest, sincere, loyal and hospitable, but who because of their being mountain-locked, with no roads over which to travel but creek beds and narrow paths on the mountain side; have had little or no common school advantages. A people living as primitive a kind of life as their fore-fathers did many generations past—a people who are insufficiently and improperly

clothed, who are undeveloped because insufficiently nourished, and all because they do not know how to properly prepare food, nor how to feed the young child. Numerically a large percentage of them from the orthodox Puritanical standpoint are Christians, with a diseased, deformed, short lived body, but a saved soul. Is the soul of more value to the Creator than the body? They live an isolated life in their little windowless, carpetless cabin homes, because when the creeks are swollen or the weather is bad, they cannot travel. The family is usually a large one from eight to fourteen children, who with their parents eat, sleep, cook and live in one of these crudely built cabins, often with a "lean to" for a chimney or a hole through the roof or wall for a stove pipe. No wonder that tuberculosis, typhoid fever, diphtheria, trachoma reek such destructive havoc among them. In Holy Writ we are told "my people are destroyed because of ignorance." Especially is this true of these people. It is estimated that not more than one out of every ten of the adult population can read or write, and they live the crudest, simplest kind of life. Their food is improperly cooked, clothing is insufficient, crops scant because of washed, gullied and unkept soil. Notwithstanding all of this, they are a splendid people.

The U. S. Bureau of Public Health sent one of their experts into these Districts last summer who pursued his investigations throughout many weeks; he reports that more than 12½ per cent. of the inhabitants had trachoma, many of whom were totally blind or had permanently impaired vision from this disease; also large numbers had hook-worm and other diseases, the result of unsanitary living.

One great and most pathetic need of these people is help for the mothers and children, and this should appeal strongly and deeply to the womanly heart of the consecrated trained nurse. She can under the direction of the Medical Health Officer, do what neither this officer

nor the school teacher can do in the crusade against disease, deformity, affliction and death, because she can go into the homes of the people, and there come into close contact with the women and children and teach them both by precept and example the laws of hygiene and sanitation, what food to eat and how to prepare it. She can impart knowledge that will liberate them from their present isolated and dependent condition. In these mountain districts the absence of ordinary advantages and outside opportunities, and woeful lack of money, makes them dependent on one another. Superstitions, traditions, remedies for sickness and all knowledge of houshold economics have been handed down from mother to daughter for generations, and it is most difficult to persuade them to see differently. To accomplish this will require patience, perseverance and tact, such as the well trained nurse should possess. The natives still believe that sickness and death are dispensations of a divine Providence. They know nothing of contagion and infection; that disease can be carried from one house and family to another; that typhoid fever epidemics beginning at the head of one creek, the infection is carried down the stream endangering other families living on this water supply.

Women in these isolated, thinly populated districts, are looked upon as inferior to man and thought to be subservient to men in every respect. She is the real burden bearer, not only bearing the heavier burdens of the race, in child bearing, but also the heavy burdens in the heat of the day, helping to raise the crops on the mountain side with which to feed the family. Here also is a woeful lack of school training—lack of school funds. Such schools as they have, the majority of them continuing only a few months in the year, are taught by untrained teachers, and the things taught in this short term must last for the balance of the year. The chief medical aid, "doctoring" as it is called, is usually given by some old woman in the neighborhood.

With such large families, educational and financial handicaps, a mother has little time to devote to each individual child, but feels that her duty is done when the child is "borned," fed and clothed, hence the children have the appearance of being unkempt, undernourished and underdeveloped, with a lowered power of resistance to disease.

What is needed most is hometeaching for mothers; teaching the simplest household duties, cooking, washing, cleaning, ventilation and sunlight. Teach them how to do the old work in the best and easiest way, to promote health and happiness.

The "up-to-date" trained nurse must be trained for the social service and sanitary work as much as in the treating of diseases.

The pathos and tragedy of the conditions among the natives in the heart of the mountains is, that if they ever receive help of the educated citizen, such help must be carried to them, because they are mountain-locked, are misunderstood, and misrepresented, have been crowded back by civilization and have never "had a fair chance or a square deal."

What can the Mountain District Nurse do? My experience in the heart of the mountains of Kentucky, in conducting two semi-annual clinics for several years past, enables me to answer this question from both observation and experience. These clinics have been held in April and September in Hindman, the County seat of Knott County, and until recently the nearest railroad was forty-five miles distant. Now the railroad is only twenty-two miles from the village. On each trip I have been accompanied and assisted by four trained nurses. Over these almost impassable mountain roads, often through roaring waters in the swollen creeks, they have ridden horseback or in the springless mountain wagons from the railroad terminus, then at Jackson, in Breathitt County, to Hindman. We have slept in the little cabin homes, we have treated and performed surgical operations upon hundreds of the

natives, we have learned how to understand them, and I am convinced that the trained nurse can do a work that cannot be surpassed or equalled by any one else. Much of the relief given and knowledge imparted to the people during these visits and at the clinics, is due to the scientific training, womanly qualities and tactful personal equation of the nurses who accompanied and assisted me.

It is gratifying to know, and to many surprising also, that among these people in these localities, with all their lack of education and their unsanitary and unhygienic environments, the social evil or venereal problem is not to be found as we find it in the cities. Indeed, the disease is conspicuous by its absence. Neither is the scourge of the mountains the Great White Plague of tuberculosis, tho it is prevalent, but trachoma. What is trachoma? It is an infectious disease of the eye lids beginning in their under surface; an insidious, treacherous and stubborn disease, the exact nature and specific cause being as yet unknown. A disease which can be prevented and in the early stage can be arrested; a disease, which if neglected, left untreated, results in the large percentage of cases in great suffering, deformity and partial or complete loss of sight, thus rendering the victim a burden to self, friends and to the State.

The conditions as revealed by the facts and figures of the United States government reports of Nov. 8th, 1912 (Public Health Bulletin No. 101) is as shocking as it is appalling. This report says that of over 4000 people examined in five counties, 12½ per cent had trachoma.

At my semi-annual clinics, held at Hindman, only the worst cases come—those so diseased as to be practically incapacitated from household or other labor. The scenes and conditions at each clinic beggars description. Of the 374 cases I saw in September last, 113 had trachoma; 40 per cent had corneal complications—by this I mean the sensitive, beautiful transparent win-

dow behind which is the pupil, was scratched or rubbed out by the disease until transparency, beauty and ability to see clearly was destroyed by angry inflammation and ulceration. Twenty-five per cent of these cases had photobia or that condition in which bright light causes suffering instead of delight. Ten per cent had trichiasis, that horrible condition in which the eye-lashes and edges of the eye-lids are turned under and inward, and every movement of the eye-lid rakes and scrapes upon the most sensitive and beautiful part of the eye. Twen-

FIVE CASES OF TRACHOMA LIVE IN THIS CABIN.

ty five per cent had impaired vision ranging anywhere from slightly defective vision to total blindness. The ages of the trachomatous cases were all the way from small children in mothers' arms to old age.

Cases of trachoma coming in our ports from Europe are quarantined and forbidden citizenship—and yet, of 114 of these quarantined cases examined by me on Ellis Island and in Baltimore, not one-half per cent were comparable in severity to the average of those I see at my

clinics. Besides the ravages of trachoma, we meet many cases of ear, nose and throat diseases, and probably more of the natives are afflicted with hook-worm disease and its sequealae than any two other diseases, and until relieved of this there is little response to any medical or surgical treatment for any of their diseases.

Co-operating with the physicians, health officers and school teachers, the Mountain District Nurse can train these splendid people, as they find them, for a moral life, just where they are—to be healthful, intelligent and efficient and fill their lives with thought and purpose.

(1) Teach them that health is the basis of all well being and well doing. Ferret out and eliminate the local causes of all ill health in the family and community.

(2) Teach them that food should be sufficiently varied, regularly provided, suitably and appetizingly cooked. Every boy and girl should be taught what to eat, how to eat, and how to cook.

(3) Teach them the need of cleanliness within the house, of neatness, taste and beauty about it. The value of ventilation, light, warmth and the best methods of securing them. The importance of drainage, sewage and disposal of waste; the water supply, infection, its source and prevention.

(4) Teach them to distinguish between spurious and genuine clothing material and to calculate economy. Every girl should be taught to cut, fit and make with her own hands the ordinary clothing of the family.

(5) Teach them the fundamental principles of physiology and hygiene of the various members of the body. The hygiene of the eye, ear, nose, throat, teeth—the digestive system—the hygiene of sex and marriage, of infancy and age.

(6) Teach the children what they want to know and ought to know; they naturally desire to do the things adults do, and therefore the operations of the adult life form the imitative play of the child.

Ruskin says: "Education does not consist in teaching people what they do not know, but in teaching them to behave as they do not behave mentally, morally, physically, socially."

All this can be done—the cost in money will be limited; the gain in money will be limitless, as the result of a developed, perfected manhood and womanhood. None can help more efficiently in this work of regeneration than the educated trained nurse graduate —going out in the might and power and poise of her educated, trained, consecrated, tactful womanliness.

Read Emerson Hough on "J. B. Burns—the Remaking of a People," in the December American Magazine, and learn more of the native Kentucky Highlanders, a people in need, "a people and a country with a history arrested, unwritten, waiting. Do these people need us? Yes, but not so much as we need them."

These people are genuine Americans. The work of the District Nurse in such regions, for such a people as I have described—being non-sectarian, and non-political but purely scientific and philanthropic humanitarianism, should appeal to the noblest and best within us.

A Decade of Change

ONE OF THE OLDER WOMEN.

A buxom, pink cheeked young matron, dressed with the last word of taste and fashion and wearing a bunch of violets which lent an added emphasis of color to the bright aspect of her health and youthful liveliness, said to me not long ago in speaking of a young peoples' league—"Its going to be a series of luncheons and lectures to teach us to avoid the mistakes which the older women have made in administering charities."

Now being one of these older women I very naturally resented this way of stating the matter even though I admitted that it might be my young friend's personal view rather than the general feeling of the very excellent Society in question. So I did venture to say in reply: "you would do better, my dear, to claim that the new league is going to help you learn to carry wisely and well the institutions and organizations which your seniors have so painstakingly administered and supported."

And as, a little later on, I reflected still further on the matter my mind went back to those pioneer days not so long ago, to the first great enthusiasism and consequent enterprises for the social welfare of "our neighbor." Only twelve of fifteen short years ago many of us in the Middle West were learning these lessons together in rather a humble way and while learning we were possessed with a certain joyous zeal in the thought that we could help work out the problems of our community in a practical way. Still further, that first new delight in recognizing in ourselves active citizens as well as thrifty householders had the lure in it that all ideals possess. However, since my own experience has been restricted to a manufacturing city of half a million or more inhabitants—many of them foreign operatives—

I may describe a local rather than a country-wide condition. Still we all know that where ten or twelve years ago there were dozens of charitable associations for the relief of the physically and socially unfit, there are to- of these societies have an almost desperate sense of bewildering increase in the number of such agencies has not found a correspondingly rapid increase in sources of support, so that I imagine that not alone in one city but that in countless other cities the boards of management of these societies have an almost desparate sense of being overwhelmed by the sudden growth and extension of the kind of enterprises which they have helped into being.

Every year shows greater activity along these social lines. The publication of active magazines, containing the discussion of social problems, and the books and other literature on modern social conditions exceeds one's ability to scan ever so lightly. And this tide shows no sign of abating, rather is it mounting swiftly and surely everywhere.

There also comes the thought that with all this increase of opportunity for spending one's self and one's substance that some of us older workers among the laity (and by laity I mean the voluntary workers) are getting farther and farther away from the comforting contact with the real work done.

There is a tendency to emphasize committee activity, to become engrossed with matters of administration and organization, especially such parts as have to do with the raising of funds and to send the expert worker into the field to do the human thing vicariously. And among these workers, constantly confronted with sights and conditions that fill them with terror, indignation or helpless pity, is there not a growing sense of estrangement from the managing boards who, well fed, well housed, and well warmed, hold the purse strings and count out the dole?

Do these professional workers enter as sympathetically as they formerly did into the financial worries and anxieties of the lay members with whom they are associated? Do they always try to understand the business management, the case of an entrusted fund which enables such work as theirs to be carried, and do they not often resent the apparently hard economies and seemingly ungenerous ways of their lay fellow workers?

On the other hand it is a question whether trustees develop as humanly and as whole-heartedly when they confine their charity efforts to duties of administration and committee work alone. They need the corrective and actual first hand experience in the homes, and with the lives which are perplexed by ignorance, poverty and disease. Can anyone act with true wisdom who does not measure his theories with actual life? There is nothing so unforseeable, so unknowable, as life. Nothing that stirs one so strongly or effects so sure a change within one as the things one learns through the medium of feeling. The heart is such an old, old institution! If we may believe the evolutionists it is countless aeons older than the head and not only more ancient but mightier.

We lay and professional workers need one another sadly. The wider we grow apart the more danger will there be that among the field workers not only will criticism arise concerning the management and attitude of lay boards, but also a kind of self righteousness and a disdain of those who pay the bills, but who work apart as it were. And among the lay workers will arise, just as surely, an indignation at being relegated to a role where one's money is thought more useful and desirable than one's self, and for these lay people there may also ensue a kind of spiritual aenemia, a lessened zeal, a dwindling ardor for the movement which in simpler pioneer days filled them with such enthusiasm and energy.

Because of all these things let us be deeply grateful to the National Association for Public Health Nursing which was created during the month of June, 1912, in Chicago, and which, through a very intelligent interpretation of the word membership, binds lay and professional workers together with a sure and common bond.

Mental Hygiene Work and Possibility of Cooperation from Nurses

KATHERINE TUCKER.

Completely overshadowing the early history of the care of the insane, we find superstition, misunderstanding and mistreatment often too horrible to contemplate. In the Bible they are referred to as persons filled with the Evil Spirit, and a curse was upon them. They were put to death as witches and burned at the stake. No proper care or treatment was given them, for insanity was thought to be a visitation of God or the Devil and man had no power to avert such a catastrophe.

Institutional care for the insane began in the XV Century in Italy, England and Belguim—this does not mean that any but an extremely small proportion of those mentally deranged were given care in institutions, but it is the first sign of light in the treatment of these unfortunate people. In the XVII Century France had separate wards for the insane and in the XVIII Century in our own country a special ward was set apart in the Philadelphia Hospital in connection with its almshouse, for persons who could not be cared for with the other paupers on account of their mental condition. Although the idea of institutional care was an advance it was carried out in a way far from ideal or adequate. Most of the insane were kept in their homes, where they were mistreated and misunderstood—or worse, they were put in the almshouses and jails, as though they were common criminals and responsible for their anti-social acts. Even in 1864 in the report of the New York State Medical Society it was stated that "In some of these buildings the insane are kept in cages and cells, dark and prison-like, as if they were convicts instead of the life-weary deprived of reason. They are in numerous instances left to sleep on straw like animals, without other bedding,

and there are scores who endure the piercing cold and frost of winter without either shoes or stockings being provided for them. * * * In some violent cases the clothing is torn and strewed about the apartments and the lunatics continue to exist in wretched nakedness, having no clothing and sleeping upon straw, wet and filthy with excrement and unchanged for several days."

It was not until 1893 through the efforts of the State Charities Aid Association of New York that in New York State the last patient was removed from the County House and placed in a hospital especially equipped and managed for the treatment of the insane. In some states, alas, this has not yet been accomplished. Scientific care of the insane is evidence of a new attitude towards insanity, foreshadowed by Philippe Pinel who lived and worked in Paris in the XVIII Century. Through research and careful study he learned that insanity was a disease not specifically different from other diseases from which mankind suffered and therefore the insane should be treated as patients and not as prisoners. He ordered that all chains should be removed. This was a revolutionary spirit in those days and we have but now begun to fulfill it. He also expressed another thought which we are now assimilating, "In nervous and mental diseases I see the key which will unlock for me the secrets of human nature as they are written down in history and moral philosophy." And it is from those whose minds have become distorted and deranged that psychologists and physicians have learned most about the workings of the normal mind.

This brings us to the point of considering the present methods of caring for the insane in our institutions. Instead of mechanical restraint, hydrotherapy is used. The excited patient is kept in a prolonged bath at the body temperature, or wrapped in hot or cold packs as his condition may indicate. This treatment has been found to be more restraining than chains and far more

curative. Also massage is used with excellent nervous and physical results. The spirit in our institutions instead of being one of repression, endeavors to eliminate rules and restrictions as far as possible and give as much freedom to patients as they can use and not misuse to their own disadvantage. Occupations and gymnasium work also play an important part in the institutional life of our state hospitals. The patient must be given an opportunity to utilize these powers of mind and body which he still has, and in this manner it is found that mental and physical possibilities thought to be dead are reawakened, and through suitable work the patient may even be partially or wholly restored to normal life.

But science has gone one step further than attempting to cure disease—it now must find ways and means to prevent it. We see this evidenced in our tuberculosis movement, in our child-hygiene work, and now we find emphasis is laid upon the prevention of insanity, a thing that at one time would have seemed absurd and merely the dream of a visionary. Through the German School of Psychiatry the idea of insanity as a disease has been greatly developed. Laboratory research is introduced and it has been through this research that insanity has been shown to be a gradual process and not a condition which falls like a bolt from the sky on those previously untouched. As in other diseases there are certain danger signals and certain types of people who are predisposed. Much of our recent knowledge of the importance of early signs and influences has come from Prof. Sigmund Freud, the German Psychiatrist. Freud's method is called psycho-analysis. It is based on the idea that in a large number of cases a mental or nervous breakdown can be traced to some early experience of which the patient may or may not be conscious. Dr. James J. Putman, Professor of Neurology—Harvard Medical School—defines psycho-analysis as "a method of investigating and treating nervous invalidism and (incident-

ally) faults of character, which owes its strength to the fact that it searches and studies in detail, so far as this is practicable, all the significant experiences through which the patient to be treated has passed, and the motives and impulses which have animated him at psychologically important moments of his life, even since his earliest childhood. In doing this it discovers, not, indeed, all the causes of the disorder from which he suffers, but a large number of important partial causes, and thus prepares the way for the influences tending toward recovery." In writing of Freud, Dr. Putman also says "It is a cardinal point of Freud's doctrine that it is the experience and repressions of childhood, when fact and fancy, untaught emotion and newly arisen moral sense yield strange conglomerations of motions and emotions to which we are to look mainly for the origin of the mental twists which terminate in neurotic illness."

The discovery that mental disease develops through various stages and that in some cases if the disturbance is discovered in its early stages, there is hope of cure, or at least of arresting the progress, marks an epoch in the treatment of insanity. The emphasis is laid now upon the discovery of incipient cases of mental disorders, and if possible to so care for those predisposed by heredity, environment, or temperament to mental breakdown, that such a misfortune may be averted. We are sadly lacking, however, in proper facilities for the early detection and care of incipient cases—the result being that cases that find their way to our state hospitals are as a rule so far advanced that a cure may be impossible.

During the last year out of 5,700 admissions to 14 state hospitals 13.3 per cent. had paresis as a causitive factor; 10.2 per cent. were alcoholic; 11 per cent., dementia praecox; 11.2 per cent. manic depressive, giving a total of 50.7 per cent. who were there from preventable and largely manageable causes. Nearly 90 per cent. of those who recovered during the year had been suffering

from insanity for less than a year before admission—clearly showing that it is those who have been afflicted with these diseases for a short time that largely make up the number of those discharged as cured from our hospitals. This extends the question of the detection, cure and prevention of insanity beyond the institution, which has not the power of enforcing the admission of patients before it is too late. The responsibility for this is thrown upon the public at large, and especially upon the medical profession. This fact is expressed by one of their number who states that "the belief is spread among physicians whose work is in the hospitals for the insane, that the most hopeful fields of psychiatry lie outside the hospital walls."

And how have the public responded to this opportunity? What steps have been and are being taken to bring about the desired results? As noted above, through the efforts of the State Charities Aid Association, in 1893 the last patient was transferred from the County House and placed in a state hospital for the insane. From the study of the care of the insane in other countries it became evident to members of this Association that enough had not been accomplished in merely seeing to it that patients suffering from mental disease should receive proper treatment while in the hospital, for when they recovered they were sent back to the same environment and surroundings which may have played a very important part in their breakdown. What had been accomplished within the institution must be given permanency outside the hospital walls. The patient must be assisted over that first most difficult period of readjustment, and as far as possible conditions which would make a second attack probable must be removed. Therefore in 1906 the State Charities Aid Association of New York took the next step in the care of the insane and provided an after-care worker to follow up discharged cases in their homes. In taking this action the

United States for the first time was following out the lines carried on in France, England, Switzerland, Italy and Japan. Curiously enough it was in this same year that a book was published which gave increased evidence that more knowledge and attention should be given to the care of the insane; I refer to "A Mind that Found Itself" by Mr. Clifford W. Beers—an autobiographical history of one who himself suffered from mental disease. While this book was becoming better known and creating an interest in all that related to insanity, the after-care work continued in New York State with markedly good results. However, it was seen that even yet the root of the matter had not been struck. To have the mentally ill properly cared for in especially equipped institutions, and when possible, to cure them and help them keep well in the outside world was not enough. The after-care worker in going into the homes of those who had been insane found other members of the same family who were in danger of mental breakdown from the same causes. These cases if taken in time often could be prevented. The real question was how to remove the cause of this disease so that it would not be necessary to have patients placed in institutions for the insane; in other words, the cry had become Prevention.

In 1910 the After-Care Committee of the State Charities Aid Association became the Committee on Mental Hygiene for the prevention of insanity. A year previous to this, largely the result of the book by Mr. Beers, a National Committee for Mental Hygiene was formed, the purposes of which are as follows:

"To work for the protection of the mental health of the public; to help raise the standard of care for those threatened with mental disorders or actually ill; to promote the study of mental disorders in all their forms and relations and to disseminate knowledge concerning their causes, treatment and prevention; to obtain from every source reliable data regarding conditions

and methods of dealing with mental disorders; to enlist the aid of the Federal Government so far as may seem desirable, to coordinate existing agencies and help organize in each State in the Union an allied, but independent Society for Mental Hygiene."

In affiliation with this National Committee, besides the New York State Committee under the States Charities Aid Association, there is a Committee in Connecticut and Illinois. The purpose of these three Societies is the same as that expressed by the National Committee. Their methods of proceedure are briefly as follows:

First, and foremost, the **education** of the public as to all that is known concerning the causes and prevention of insanity,—by means of public meetings, press notices and distribution of literature; second, the promotion of **psychopathic wards** for treatment of early cases of mental disease, and mental clinics for the detection and direction of those in danger of mental breakdown; the promotion of better **legislation** relating to the care of the insane and all indirect factors in the causes of insanity; and the treatment of **individual cases** on the verge of mental breakdown by means of social service.

The cooperation of the nurses is not only desirable but necessary for the advance of this movement. As in the campaign against tuberculosis, those in the front ranks are nurses, so in the campaign against insanity we must have the help of those women who are especially prepared by training and experience to grasp the subject and who come into direct contact with so many homes. There is still a great deal of superstition connected with insanity and much public prejudice against all institutions for the insane. Nurses can largely help in dispelling such an attitude by making themselves more intelligent on the general subject and having first hand knowledge of conditions in institutions for the insane. If the training schools of general hospitals would see the opportunity and advantage which they would receive

from affiliation with the training schools in state hospitals this would be a great step in advance, both in education and treatment of insanity. It would bring up the standard of the state hospital. That the benefit would be largely on the side of the state hospital is the usual opinion, but in reality it would be of as great advantage to the general nurse, if in no other way than from a purely business standpoint, as those trained in the care of the insane are exceedingly well paid.

The public health nurses have a peculiarly large opportunity as they have an unusual amount of responsibility. These nurses cannot as can physicians diagnose cases, but it is well within their province to feel it their responsibility to be aware when some mental difficulty exists and to familiarize themselves as to the proper method of procedure after such recognition. By this I mean they should know where patients can receive competent advice from mental specialists—whether it be a private physician or dispensary—for as always the nurse must first receive the diagnosis of a physician, and in this case it should be a specialist. But for the public health nurse, the diagnosis of a physician means the beginning and not the end of her responsibility. This is especially true where there is any mental disorder. The nurse should know the laws regarding insanity in the community in which she lives, and what are the special institutions and methods of admission to these institutions.

I would suggest the following books and pamphlets as exceedingly helpful and instructive to the nurse who wishes to inform herself as to the general types of insanity and their care. These can serve as a working basis for all nurses, but would be but the ground work to those who can give further time and study to the questions:

Books:

"Outlines of Psychiatry," William A. White.

"Nursing the Insane," Dr. Clara Barrus.

"A Mind that Found Itself," Clifford W. Beers.

Pamphlets:

The State's Duty in the Prevention of Insanity, Albert Warren Ferris, A. M., M. D.

Our Present Knowledge of the Causes of Insanity, M. Allen Starr, M. D., LL. D.

A Plan of Campaign for the Prevention of Insanity, Homer Folks, LL. D.

Newer Forms of Popular Education, Samuel McCune Lindsay, Ph., LL. D.

Alcohol as a Cause of Insanity, A. J. Rosanoff, M. D.

Economics of State Care of the Insane, Albert Warren Ferris, A. M., M. D.

Eugenics Record Office (Bulletin No. 1), Heredity of Feeble-mindedness, Henry H. Goddard, Ph. D.

First Aid to the Insane and Psychopathic Wards, Dr. Albert Warren Ferris.

Mental Hygiene Movement, Dr. William L. Russell.

New York State Hospitals' Bulletin (Special Immigration Number), Prevention of Insanity, Hygiene of the Mind, Dr. A. J. Rosanoff.

Principles of Mental Hygiene applied to the Management of Children predisposed to Nervousness, Dr. Lewellyn F. Barker.

Report of States Board of Alienists.

State Charities Aid Association (Annual Report).

State Charities Aid Association (18th Annual Report to the State Commission in Lunacy).

State Charities Aid Associaion (19th Annual Report to the State Commission in Lunacy).

State Hospitals at the Parting of the Ways, Homer Folks.

Some Facts the General Practitioner Should Know Regarding the Treatment and Care of the Insane, William Mabon, M. D.

Why Should Anyone Go Insane, Homer Folks and Everett S. Elwood.

The Role of Education in the Prevention of Insanity, D. C. Macfie Cambell.

Manageable Causes of Insanity, Dr. August Hoch.

Social Aspects of Psychiatry, Dr. August Hoch.

The books can be obtained from public libraries or book stores and the pamphlets can be obtained by writing to the Committee on Mental Hygiene of the State Charities Aid Association, 105 East 22nd Street, New York City.

Also there are positions open for nurses in this Mental Hygiene Movement, and there would be more positions if there were more nurses properly equipped to take them, but unfortunately there are very few. The following is considered proper equipment:

Education: high school, preferably college; some medical training, perferably full nurses' course or doctors course; if possible some experience with the insane; some training in social work, perferably experience in social-service work; particular interest in psychology; executive ability.

Type of positions and generalization as to the sort of work:

Executive secretaryship of State Societies; this means organizing State Societies and carrying on publicity and educational work; keeping in touch with present methods for caring for the insane and endeavoring to improve them; social-service work in individual cases,—this latter may be carried on by a special social-service worker in conjunction with the general public work. The salaries are good; the work new and rapidly growing. Anyone with all, or part of the equipment mentioned,

could easily get a good position, especially if a college woman and a nurse.

Position as assistant to executive secretary and to social-service worker now opening.

"Food and Dietaries"

(Abstract of Lecture Given to the Municipal Nurses of New York City by Dr. Mary Swarty Rose.)

This is an age of great development in sanitary science, with increasing emphasis upon the importance of prevention of disease. One of the best means of accomplishing this is through the development of healthy bodies able to protect themselves against bacterial invaders. As a means to this end, good food is essential.

The body is a working machine; even at rest internal work goes on ceaselessly and during waking hours much external work may be added. All work is an expenditure of energy, and to spend, we must get; hence we eat food, whose chemical energy is converted in the body into working force. In any machine part of the force is converted into heat instead of mechanical work, and in the body this serves for maintenance of normal temperature.

Intake of energy in the form of food and outgo in the form of work and heat must balance. The unit of measure is the calorie. The energy requirements of healthy adults are shown in the accompanying table I.

TABLE I.

Food Requirements of Healthy Adults

	Degree of Activity	Calories per pound per day	Calories per average man (150 lbs.)	Calories per average woman (123 lbs.)
I.	At rest	13-14	2000–2300	1600–1800
II.	Sedentary occupations:			
	Bookkeepers, Cigarmakers, Seamstresses, Shoemakers, Stenographers, Tailors, Teachers	16–18	2400–2700	2000–2200

III. Occupations involving standing, walking or manual labor sitting:				
Cabinet makers Carpenters Machinists Mail Carriers Servants		18–20	2700–3000	2200–2500
IV. Occupations developing muscular strength:				
Blacksmiths Brewers Masons		20–23	3000–3500	2500–2900
V. Occupations requiring very severe muscular work:				
Excavators Farm laborers Stevedores		37–40	4000–6000	3300–5000

The energy value of food is conveniently expressed in 100-calorie units. A list of foods, showing the weight per 100 calories is given in table II.

TABLE II

(100 Calories Each)

Food Material	Weight Ounces	Distribution of Calories Protein	Fat	Carbohydrate	Cost Cents
Almonds	½	13	77	10	1⅓
Apples	7½	2	6	92	3
Bacon	½	6	94	..	1
Bananas	3½	5	5	90	1 $\frac{3}{5}$
Beans (dried)	1	26	5	69	½
Beef (round steak)	2½	54	46	..	3½
Bread	1 $\frac{2}{5}$	13	6	81	$\frac{3}{5}$
Butter	½	..	100	..	1¼
Cabbage	13	21	7	72	2
Carrots	8	10	5	85	2½
Cheese	$\frac{1}{5}$	25	73	2	1 $\frac{2}{5}$
Cornmeal	1	10	5	85	⅓
Cream of Wheat	1	12	3	85	½
Cod (salt)	3 $\frac{2}{5}$	99	1	..	4
Eggs	2	32	68	..	4
Flour (white	1	4	..	96	¾
Hominy	1	9	2	89	⅓
Lentils	1	30	3	67	½

Lettuce	18	25	4	61	10
Macaroni	1	15	2	83	⅛
Milk	5	19	52	29	1⅓
Oleomargarine	½	..	100	..	¾
Olive Oil	½	..	100	..	1
Onions	8	13	6	81	2
Oranges	3¾	6	10	84	5
Peanuts (shelled)	½	17	63	18	1¼
Peas (canned)	7	26	4	70	5
Peas (dried)	1	26	4	70	½
Potatoes	4	10	1	89	1
Prunes	1⅛	3	..	97	1
Raisins	1	3	9	88	1
Rice	1	10	1	89	⅛
Rolled Oats	1	17	17	66	⅓
Sugar	1	..	..	100	⅓
Tomatoes (canned)	16	15	16	69	5

Children's energy requirements are higher in proportion to weight than adults, partly because of greater internal and external work and partly because the body uses some of the same materials for energy and for building material in growth and repair, table III.

TABLE III.

Food Requirement According to Age

Age, Years	Calories per pound	Calories per
1–2	45–40	900–1200
2–5	40–35	1200–1500
6–9	35–30	1400–2000
10–12	30–25	1800–2200
14–17	25–20	2300–3000
Adults	15–20	2300–3000

The body also requires substances to keep the machinery in good running order. Chemical foods fall into five groups: Proteins, Fats, Carbohydrates, Ash Constituents and Water. The first three yield energy; proteins and ash constituents are building foods, ash constituents and water are regulating food. A fairly well-balanced diet for a man requiring 3000 calories could be provided by choosing three or four 100-calorie por-

tions from foods rich in protein, eight or nine portions from foods rich in fat, fourteen or fifteen from those high in carbohydrates and two or three from those rich in ash constituents. Water can be added as necessary,

Food Materials According to Chief Foodstuff

TABLE IV.

Protein-Rich	*Fat-Rich*
Milk	Milk
Cheese	Butter
Eggs	Cream
Meats	Bacon
Fish	Olive Oil
Peas (dried)	Egg Yolk
Beans (dried)	Lard
Lentils (dried)	Oleomargarine
Nuts	Fat Meats
	Nuts
Carbohydrate-Rich	*Ash-Rich*
Milk	Milk
Starches	Eggs
Cereals	Green Vegetables
Potatoes	Fruits
Sweet Fruits	Cereals from whole grains
Sugars	

In cheap dietaries, milk, dried peas, beans and lentils, cheap fat as oleomargarine, cereals (preferably from whole grains) and dried fruits are essential to successful feeding. Example of two dietaries for a child, showing economy of these over meat, fresh fruit and vegetables, table V.

TABLE V.

School Child's Diet

I.

	Cal.	Cost Cents
Milk (1 qt.)	700	9
Oatmeal	200	⅔
Peas (dried)	200	⅔
Bread	300	14/5
Onions	50	1
Prunes	100	1
Sugar	100	⅓
	1650	14½

II.

	Cal.	Cost Cents
Milk (1 pt.)	350	4½
Butter	150	1⅞
Round Steak	100	3½
Bread (whole wheat)	500	3
Potatoes	200	3
Onions	50	1
Banana	100	1 3/5
Tomatoes	25	1 1/5
Sugar	175	7½
	1650	19¼

In children's diet the most important food material is milk. In tuberculosis, the first consideration is an ample supply of energy. Example of a cheap tuberculosis diet, table VI.

TABLE VI.

Cheap Tuberculosis Diet

	Cal.		Cost Cents	
Oatmeal	100		⅓	
Milk	100		1⅓	
Sugar	50		1/6	
Bacon	100		1	
Bread	100		3/5	
Oleomargarine	100		¾	
Cocoa	100		1	
		650		5¾
Lentil and Tomato Soup	200		2	
Corn Bread (toasted	200		1	
Oleomargarine	150		1⅛	
Date Marmalade	200		1½	
Milk	200		2⅔	
		950		8⅓
Lamb Stew	200		4	
Tomatoes	50		2½	
Potatoes	100		1	
Bread	150		1	
Oleomargarine	150		1⅛	
Milk	150		2	
Rice Pudding	200		2	
		1000		13⅝
Total		2600		28¾
Lunch				
Bread, Oleo and Marmalade		300		1¾

Simple Books and Pamphlets on Nutrition

Atwater—Principles of Human Nutrition and Nutritive Value of Food, U. S. Dept. of Agriculture, Farmers' Bulletin No. 142.

Friedenwald and Ruhrar—Dietetics for Nurses, W. B. Saunders, Philadelphia, ($1.50).

Gibbs, Winifred S.—Lessons in the Proper Feeding of the Family, N. Y. Association for Improving the Condition of the Poor, 105 E. 22nd street. ($ .25).

Gibbs, Winifred S.—Food for the Invalid and Convalescent, The MacMillan Company, N. Y. ($ .75).

Holt, Emmett L.—The Care and Feeding of Children, D. Appleton & Co., N. Y. ($ .75).

Hunt, Caroline—The Daily Meals of School Children, U. S. Bureau of Education, Bulletin 1909, No. 3 (from the Superintendent of Documents, Washington, D. C.) ($ .10).

Pattee, A. F.—Practical Dietetics, A. F. Pattee, Mount Vernon, N. Y. ($1.50.

Rose, Flora—The Care and Feeding of Children, Parts I and II, Cornell Reading Courses, Vol 1, No. 3, Cornell University, Ithaca N. Y.

Rose, Flora—Human Nutrition, Parts I and II, Cornell Reading Courses, Bulletin No. 6, Human Nutrition. Cornell University, Ithaca, N. Y.

Rose, Mary S.—The Feeding of Young Children, Teachers' College, Bulletin, 2nd Series, No. 10, Teachers' College, Columbia University, N. Y. ($ .10).

Rose, Mary S.—Laboratory Handbook for Dietetics, The MacMillan Company, N. Y. ($1.10).

Bryant, Louise Stevens—School Feeding, Lippincott, Philadelphia, ($1.25).

The Work of the Department of Nursing and Health—Teachers' College

ADELAIDE NUTTING

In organizing two years ago the various divisions of the Department of Nursing and Health, such courses only were arranged for as seemed essential in those well-established branches of work for which nurses obviously needed further preparation. In the division of Public Health Nursing, our first attempt was to provide solid fundamental courses in elementary Sociology, Economies and Psychology, combined with work in Nutrition and Dietetics, Housing, Municipal Sanitation and Industrial Hygiene. A study of the methods of Contemporary Charities and Relief Agencies, and the principles by which these bodies are guided, was included, and linking, as it were, all of these courses together and relating them to the many-sided activities of the Public Health Nurse, were offered two substantial courses in Nursing, one taking up the general problem of sickness in the homes of the poor and showing practical measures of dealing with it—of reaching causes and controlling consequences; the other taking up Nursing in the Public Schools and showing its relation to education and to the rearing of a healthy nation. In this latter course, which is given by Dr. Josephine Baker, Head of the Division of Child Hygiene of the New York Department of Health, instruction is included in the care and feeding of infants, such as is carried on through milk stations, frequently by the staff of school nurses.

Two years of experience have shown that this general plan of work is good and sound, that it covers certain necessary ground in a satisfactory way, and affords an admirable basis for the development of such special

branches of work as we shall eventually find it necessary to add.

This year, two new courses of much importance are opened, and a third is contemplated. The first is by Professor Chaddock of the department of Political Economy of the University. Dr. Chaddock kindly gave a few lectures to the students last winter, which were so well liked and so genuinely helpful, that it is a great pleasure to be able to announce this year a full course by so excellent a teacher. It will be noted that in this course some time is devoted to a discussion of statistics and their interpretation, and it is hoped that this but paves the way to a more thorough treatment of this important subject. We have felt for years that there are many questions of vital importance in nursing needing that searching study which only the trained investigator knows how to give. Instead of discussing, for instance, the longevity of nurses on the basis of surmise, we need to get a basis of carefully ascertained facts. We need to study thoroughly the whole system of nursing education and of professional work—the conditions under which nurses work in hospitals and out of them; we need to know from actual records the types of hospitals in which the morbidity and mortality of the pupil nursing staff is high; what proportion develop tuberculosis during training or soon after; what is the number of nervous breakdowns; and we need to see if the increase in these directions has followed the marked lowering of age of entrance of late years.

Several times during the last few years opportunities have arisen where nurses might have made important and highly useful contributions to public welfare and to professional advance, but in no instance could we find a properly prepared nurse to recommend. A few of our nurses should seek training as statisticians and investigators.

The course called "Contemporary Problems in Nurs-

ing" begins with lectures by Miss Wald dealing with nursing in its distinctly social and municipal relationships, and showing how certain large questions are working themselves out in and through the daily life of the people. Miss Goodrich follows with the problems of legislation as it relates to nursing education, including a comparative study of the laws in various states, methods of administering them and their effect on the educational system, and the organization and functions of Examining Boards. To this is added a discussion on the Inspection of Training Schools; the province, powers and responsibilities of the Inspector; her training and preparation. There will be a few special lectures in this course dealing with other matters of current interest and importance, with which it is felt that nurses engaged in any form of professional work should be familiar, and the course is therefore designed for the entire student body, and will probably be open to a few outside.

The new course which is under consideration is one which has been on our lists since the opening of the Department. It deals specifically with one Public Health Problem—Tuberculosis, the largest and most important problem at the present moment with which we are in some sense prepared to grapple, presenting a field of work established and organized, and calling steadily for an increasing number of nurses in varying capacities. Throughout the state of Pennsylvania (sent out by the State Department of Health), over 100 nurses are now working, teaching, advising and helping among the families of the poor who have tuberculosis. More than double that number are working in much the same way in New York City, and the majorities of the cities of first rank in the country have provided, or are providing, for such extensions of their work; while numbers of the smaller cities and towns have one or more nurses occupied solely in educational and preventive work in tuberculosis. Dispensaries are steadily en-

larging their activities in this direction; sanatoria are multiplying; systems of county-sanatoria arising, which must inevitably increase the need for trained workers, while on the canvass is now projected, a system of Rural Nursing under the Red Cross, which, when it once gets under way will call imperatively for nurses who have carefully prepared themselves by special study to deal as experts with a special and vital problem. Indispensable indeed, as all authorities now agree, to any rational scheme for the control of tuberculosis, is the educational work of the visiting nurse in the family, in the neighborhood, and for the individual sick person. And since few general hospitals have tuberculosis wards, and many do not even permit tuberculosis patients, it is possible for a nurse, at the end of her training to have almost no practical familiarity with the disease, while definite instruction in the subject is frequently covered in one lecture, and sometimes omitted altogether. Yet for this practically unknown branch of their work we are continually wondering why we do not find more enthusiastic and interested nurses.

It is, therefore, deemed to be highly important that at this time a good, thorough, well-rounded course of instruction on the subject of tuberculosis should be offered, and the course which is proposed covers, as roughly outlined, some such ground as the following:

The history of the disease; its distribution as affected by race, age, sex and climate; its relation to housing; to density of population; to industry. The beginnings of the disease; symptoms and the importance of early recognition; prevention and control; comparisons of efforts in various countries and places; and a study of methods and results. Care and prevention through state or city health departments; dispensaries; hospitals; sanatoria; day camps; home visiting; supervision and instruction by nurses; home control in model tenements; popular education in public schools; lectures;

exhibits; the press; moving pictures; methods of care in homes; in hospitals; sleeping porches; clothing; dietaries; occupations. The uses of tuberculin; records; statistics.

The time allotted will probably be two hours weekly for one semester—the first hour, lecture; the second hour, conference and discussion. A plan for special field work might be included if a demand arises. At the end of the course we shall know whether it should, in the future, be given every year or every alternate year.

Next year we hope to give a full course on the Care of Infants and Young Children, and also a course on Occupations for the Invalid and Convalescent.

After two years of work as instructor in charge of the division of District Nursing in our Department, Miss Crandall resigns to accept the highly important post of Executive Secretary to the new National Organization for Public Health Nursing, a post which calls imperatively for an able and widely experienced nurse of recognized administrative efficiency. Such an officer the Organization has secured in Miss Crandall, and those who know her as we do at the College, know how steady will be the hand at the helm, and know, also, with what faithfulness, what whole-souled devotion, she will serve the cause which she has so much at heart. Fortunately, we do not lose her entirely this year, and she will still carry on some systematic instruction. We are glad to think that the central offices of the Organization are to be in New York, and that this Department will have the benefit of her interest and cooperation.

News Notes

The District Nursing Association of Boston in response to the increasing demand of the public for nurses qualified for positions in public health work offers to nurses of recognized hospitals, a post-graduate course of four months in public health nursing.

Miss Bessie S. LaLacheur, a recent graduate from the course in public health nursing at Teacher's College, New York, has come to Boston to take charge of this work. On October first when she arrived there were 15 students.

This course is designed to give a basis for any field of social work where nurses are in demand; variety of field work, lectures and class discussion, show the relation of nursing to other social activities.

The field work consists in nursing the patients under the care of the Instructive District Nursing Association, in preventive work for babies, in work with the Boston Associated Charities, and in the observation of the work of several Boston Charities. Three courses deal with the following subjects for which reading is required:

(1) History; Principles and Administration of Public Health Nursing.

This includes the origin of district nursing, its purposes principles and methods, records and record-keeping, organization, administration and reports; and the development of school nursing, preventive work for babies, tuberculosis nursing, welfare work in shops and factories, hospital social service and rural nursing. Opportunity is given to observe these various branches of nursing.

(2) Medical-Social Relation of Disease.

What can be done towards prevention as well as treatment in Infant Mortality, Tuberculosis, Alcoholism, Venereal disease, Neurasthenia and Occupational diseases. Proper nutrition of families is considered.

(3) Elements of Sociology and Social Progress.

I. Introduction to the social field with special reference to the life of the industrial city family—who they are, how they live, their health, education, recreation, labor, politics, religion, ethics and ideals,—to get a sympathetic understanding of their lives.

II. Social progress as to health, education, recreation, etc., considering what other agencies are doing and how nurses can best cooperate with them.

The tuition for the course is free. The nurses are expected to pay their living expenses, and may board wherever they choose, provided it is within easy distance of the Central House.

Should an applicant be unable to meet her living expenses she is invited to communicate with the Director as a limited number of scholarships are accorded to nurses possessing unusual qualifications.

Nurses must bring plain shirt waist dresses of wash material, turn down collars and ties, a long coat and plain hat to wear while on duty in the districts. Three aprons are provided here at twenty-five cents each.

This year, for the first time, the Boston District Nursing Association has affiliated with the School for Social Workers and together they are offering an eight months' course for nurses who wish to fit themselves for more advanced work in industrial positions, or for executive work in public health nursing organization and the administration of large associations.

The eight nurses who are taking this longer course are much interested and both the School for Social Workers and the Boston Association feel that the experiment is proving a success.

A Course of Weekly Lectures under the combined management of the Department of Health, of New York City, the Department of Nursing and Health of Columbia University and the School of Philanthropy of the Charity

Organization Society, is being given to the nurses engaged in the Health Department work in New York City. These lectures are also largely attended by social and philantropic workers.

The course began in June 1912 with the work of the Health Department, the officer in charge of each division explaining the duties and jurisdiction of his department, and the authority vested in the Health Board to deal with violations of the Sanitary Code.

In October the Department of Nursing and Health of Columbia University continued the course with the history of nursing, and in subsequent lectures outlined the functions and responsibilities of the nurse to public health, the dignity of her work in that capacity and her vast opportunity in educating the ignorant in better methods of living, etc.

These two groups of lectures have been very interesting and instructive and a source of much general information; besides stimulating and inspiring the nurses to their best efforts.

Beginning in February 1913, the School of Philanthropy will continue the course until June, thus rounding out a complete year.

The Class in Public Health Nursing conducted by the Cleveland Visiting Nurse Association in cooperation with The Western Reserve University numbers four students this year. In addition to three hours a week in Practical Sociology this semester, and nine hours in lectures and conferences on case-work,—including investigation, family rehabilitation, and standards of living,—each afternoon has been spent in the care of the sick in one of the down-town districts under the director of the class, Miss Hanna Buchanan.

The field-work in the second semester, under the special direction of The Associated Charities, The Babies' Dispensary and The Tuberculosis Dispensary sucessive-

ly, will also be given in the same district which is remarkably qualified by it's housing conditions and it's congested, cosmopolitan population to serve an educational purpose. Few better illustrations of the underlying facts in Professor Cutler's courses in Charities and Corrections, and American Society could be found than those which the Haymarket District urges hourly upon the minds of those who come and go in it's streets.

A New Club for the Public Health Nurses of Boston and Vicinity was organized on December 7th at a mass meeting held for that purpose in Tremont Temple.

Miss Crandall was the chief speaker and all she said was listened to most eagerly. There was great enthusiasm. Miss Mary S. Gardner of Providence also spoke most effectively emphasizing the need for an intimate relation between boards of managers and the staff of nurses. Miss Higgins of the Boston Associated Charities talked upon cooperation, and won the sympathy of a large audience of nurses by her very apparent and cordial appreciation of our profession and its value in social work. Dr. Mark Richardson, Secretary of the State Board of Health, spoke of means at the disposal of the nurse throughout the state; and the meeting ended in an almost universal movement on the part of the audience to become charter members of the new club.

The medical-social workers of Boston have also formed a small group to meet monthly and discuss, informally and intimately, problems bearing upon their various branches of work. The ethics involved in some specified cases was the subject for the last meeting and the discussion was exceedingly animated and the opinions expressed very diverse. The Massachusetts General Hospital Social Service Department, Society for the Prevention of Cruelty to Children, Associated Charities, Boston Dispensary and the District Nursing Association are some of the agencies represented.

Dr. Mary S. Rose's New Book entitled "A Laboratory Handbook of Dieteties" published by the MacMillan Company seems to furnish just such information as public health nurses have so long felt the need of. It gives, very simply, the chemical constitutions and functions of food, tables to help in determining the food requirements of different individuals, explicit directions for dietary calculations, and extensive tables in which food values are calculated for common units of weight, so that with it, the novice ought to be able to plan simple dietaries.

Indianapolis is to be congratulated in having established, after months of discouragement, a Public Health Nursing Association. The officers of the new association are as follows: Mrs. Robert M. Fletcher, President; Mrs. Robert M. Bryce, First Vice-President; Mrs. Meyer Efroymson, Second Vice-President; Mrs. Wm. Somers, Secretary; Mr. Thos. H. Kaylar, Treasurer. The object of the Association as set forth in the second article of its Constitution is: "* * * to provide graduate registered nurses to teach public hygiene, cleanliness, the proper care of the sick, to prevent disease, and to secure such other aid as may from time to time seem desirable."

Miss Ada M. White, former student of the course in Public Health Nursing, Teachers College, 1912, has been called to Walpole, Mass., to organize factory welfare work on a cooperative basis for three of the large manufacturing companies there. It is an entirely new project in Walpole and promises to offer much of interest to every one devoted to welfare work of this nature.

Miss Catherine Tucker—recently connected with the New York Dispensary, and formerly with the Social Service Department of the University of Pennsylvania,

—has been appointed assistant in the Department of Mental Hygiene of the New York State Aid Association. The work of that Department has grown so rapidly in the past few months that Miss Tucker is already in need of an assistant.

Miss Fannie Clement, formerly of Boston, has been appointed to the very honorable and responsible position of Superintendent of the American Red Cross Rural Nursing Service.

Miss Lucinda N. Stringer, former student of the Department of Nursing and Health, Teachers College, has been appointed by the Phipps Institute, Philadelphia, to do a most interesting piece of social investigation in connection with tuberculosis. It is a study of one block which we hope later to have described for the Quarterly by Dr. Landis, Director of the Clinical and Sociological Departments of the Institute.

Miss Mary Van Zile, formerly of Pawtucket, R. N., has been called to Stamford, Conn., to reorganize the visiting nurse interests of that city on a basis of practical affiliation and cooperation.

Miss Cecelia A. Evans, member of the staff of the Visiting Nurse Association of Chicago has received the Robb Memorial Scholarship for school nursing for the current year. She is pursuing her studies at Teachers College, where she is making the most of the exceptional opportunities offered there, and contributing largely from her wide experience in connection with the Chicago Association.

Among other students in the Department this year is Miss Margaret H. Lehmann, Superintendent of the

District Nursing Society of Philadelphia. Nothing could be more encouraging than to have executive officers and their boards willing to make very considerable sacrifices for the sake of the increased advantages which the course at Teachers College offers.

Miss Bessie S. LeLacheur, a former student of the Department of Nursing and Health, Teachers College, has been appointed assistant to Miss Mary Beard, Superintendent of the Instructive District Nursing Association of Boston, and has under her direction the School for Visiting Nursing. This school has affiliated with the School for Social Workers of Boston, and offers two courses which are described on another page.

Last August the Visiting Nurse Association of Chicago, through the generosity of one of the members of its Board of Directors, gave Miss Edna L. Foley, Superintendent, a two weeks leave of absence with expenses for the purpose of making a very careful study of record systems in use in other cities. As the result of this careful study of the subject, which has included conferences with various physicians, social workers and statisticians, Miss Foley has put into use what can reasonably be considered the best system of V. N. records which we know of. She regards them only as tentative, but it is a long step toward the aim of the National Organization to standardize and unify record forms.

Miss Ella Phillips Crandall, Executive Secretary of the National Organization for Public Health Nursing, is desirous of finding, if possible, a nurse who, in addition to her professional knowledge has had training and experience in secretarial and stenographic duties. She would be glad to correspond with anyone who care to consider such a position in the new office of the Organization. Address 52 East 34th Street, New York City.

Miss Jessie H. Collins, a former student of the Department of Nursing and Health, Teachers College, spent four months last summer as Domestic Educator on Barren Island, New York, in the employ of the North American Civic League for Emigrants. The results of her work there were so gratifying that Miss Collins has been made Field Secretary and Supervisor for the League. Miss Collins promises to give us an account of the work of domestic educators in the near future.

The American Red Cross has recently organized a nursing service for rural communities in the United States, covering fields not reached by city nursing associations.

The service aims to provide nurses for the sick in rural communities, to carry instruction along sanitary and humanitarian lines into the homes and to deal with environment in a way to improve living conditions.

Red Cross Rural Nurses must in general meet the requirements of the Red Cross for enrollment, and must, in addition, have had training or experience in a visiting nursing association or some other form of social service. Arrangements for a short course as preparatory training for the work have been made with certain visiting nursing associations, and a loan fund is provided by the Red Cross in connection with this course, available to a limited number of nurses.

In order to keep the standard of nursing uniform the Red Cross will maintain general direction and supervision of its Rural Nurses, but this will not interfere with their responsibility to the local committee or organization representing the Red Cross in the community, under which the local work will be conducted.

The expenses connected with organization will be met by the Red Cross, but the salaries of nurses will be paid by the community where they are employed to Red Cross headquarters, from which salaries will be disbursed to the nurses. Those who are particularly well prepared for rural work will receive special financial recognition. The

payment of an annual increase in salary will be recommended to communities to insure an efficient and permanent staff.

The unlimited opportunities for humanitarian and educational work to be found in rural districts will appeal to nurses who understand and enjoy country life and people, and who are interested in public health movements and social service. It is hoped that a response to a call for this work will come from visiting nurses throughout the country, from enrolled Red Cross Nurses, from private duty nurses who look for a broader field of activity, and from undergraduates whose choice has not yet been made.

Further information concerning Red Cross Rural Nursing loans, etc., will be sent on application to the Superintendent, Miss Fannie F. Clement, Room 713 Union Trust Bldg., Washington, D. C.

Stories Told by Nurses

A Glimpse

By A. Trustee

The steep, narrow stairs ended abruptly in a door. The nurse knocked, at the same time gently pushing open the door and entering.

The air of the room was close and warm.

"How is Joey?" she asked as a tall, thin woman in an old blue calico dress and faded blue apron came forward.

"He's awful sick," piped a high childish voice as a little girl of nine or thereabouts came from out the dim shadows of the room.

The nurse removed her coat and gloves, and stepping to the one window, directly opposite the door, opened it a few inches from the top.

"Tell your mother again, Sophy, that we must have air in the room, and that she must leave the window open an inch or two from the top all the time. Poor little Joey can't breathe when there's no air in the room."

The child repeated what the nurse said, and the mother, nodding her head in assent, pointed toward the inner room, at the same time uttering some indistinct words in an unknown tongue.

"She says it's true he can't breathe,' translated the child.

The rooms, two in number, were long and narrow, giving the impression of two cars joined end to end. The kitchen was almost filled with the sink, table and stove, which followed each other along the wall. The bedroom was just wide enough for a bed (which partially blocked the one window) and a chair; and just long enough for a cot at the foot of the bed.

On the large feather bed, sunk in its soft stifling bil-

lows, lay a little boy of five—a pitiful little figure, thin to emaciation, his face flushed with fever, and his breath coming in short, panting gasps—a prey to pneumonia.

Such a frail little piece of humanity to be waging the great fight against Death! And what weapons did he have? None, so far as I could see. His mother's love? Yes, but his mother's ignorance counterbalanced it. His youth? Yes, but youth is powerless when disease has sapped the strength.

The nurse, after taking his temperature, pulse and respiration, stepped back into the kitchen and quickly filled the dish pan with warm water from the kettle; then, opening her bag, drew forth towels, apron, etc. and, turning to the little girl, asked if the fresh night gown was ready. This being produced, she hung it over a chair by the stove and returned to her little patient.

I will not describe the bath—it was just such a one as all good nurses give a patient in such a condition; but all who have experienced the refreshment of such a sponge; all who have felt the comfort of having their beds smoothed and the sheets made tight and comfortable by an experienced hand; all who have felt the relief of a clean flat pillow gently placed beneath the aching head, and have grown quiet under the soothing influence of a cool hand on the forehead—all such will understand the comfort that came to little Joey from that morning visit.

Did he recover? I never knew. But I have often thought of that little glimpse into a visiting nurse's daily life, and I have felt that just the comfort of the ministration makes the work worth while.

The Call

MILDRED M. PALMER.

Laden with suitcases, bags and all sorts of unwieldy packages, the passengers from the evening train climbed the stairs leading from the Wheeling and Lake Erie tracks to the street above.

Once at the top, all invariably turned and looked back where, far below, lay the wide river valley, filled to the lip with soft, mysterious blackness. Here and there, lights twinkling unsteadily, danced like fire flies through the dark of the world. Away to the south a furnace sent luried flames into the sky. In the distance a line of yellow dots marked the viaduct—a phantom bridge hung in space.

Jimmy Dehill, too, paused and looked. No sense of aesthetic enjoyment, however, was his; for Jimmie Dehill, alias "Bloody Jim," formerly of *Hudson, very recently of †Lancaster, ex-thief, ex-leader of the "gang," had not included aesthetics in his education.

With head sharply lifted and shrewd, gray eyes glancing craftily, he gave one the impression of an animal pursued, scenting any sign of possible danger. One look at the tracks where the freight train, which he had boarded at Lancaster several hours before, crawled into the shadows, another look toward the Square, then, with rounded shoulders well forward, and face half hidden under the peak of his cap, he crossed the street to the crowded sidewalk and walked South toward the market place.

It was Christmas Eve. All about him the holiday crowd surged noisily. People with overflowing baskets bumped against him as they passed. Men, women and children shouted Christmas greetings in many different tongues. Here a Santa Claus, standing by a yawning

*Boys' Farm—For Wayward Boys. †Boys' Reformatory School.

chimney, implored money for the poor with shrilly clanging bell. There an old woman plaintively offered bright colored paper flowers for sale. Around the corner rose the clear treble of the Salvation Army singers, and every few doors, wherever the yellow light streamed most invitingly over the snowy walk, sounded the brazen, mechanical whang of saloon music.

Soon Jimmy reached the market place. Down the spicy paths, between the high piles of Christmas trees, he passed unswervingly, looking always to right and left in search of a familiar policeman or wary probation officer. Once, indeed, he reached out and yanked the neck of a stately goose, but at the defiant "honk" that followed, Jimmy hastily sought the shadows outside the evergreens. At length he reached the south end of the old market where the lunch wagon invited cheerfully with steaming coffee and plump franfurters between thick slices of bread. Jimmy was hungry. He watched the people about the wagon longingly. Suddenly his face brightened. He drew a crust from his pocket and nibbled at it. He remembered that "Dare Devil Dick" had lived for three days on a crust before his pals had rescued him from the cave.

And now, quite incredibly, the crowd and tumult were all behind him, and he walked on swiftly and silently in the fresh snow, his head lowered against the stinging wind. The streets were dark and practically deserted save for a few muffled figures; for it was getting bitter cold and those who had not been drawn forth by the glitter of the up-town district, were content to be under shelter.

As an animal follows a trail through the woods, so Jimmy turned the corner around the Friendly Inn, down Hill Street, down Commercial Road and up Berg Street. He paused where a shaky old tenement clung raggedly to the hillside, and listened. Hearing nothing he climbed the outside stairway to where a dull light marked a fam-

iliar window. Carefully he brushed aside the caking snow from a corner of the pane and adjusted his eye to the aperature.

At one side of the low ceiled room a group of six men were seated around a table playing cards. Curiously oblivious to everything outside the game, the silence was only broken by the slip-slop of the greasy cards, and an occasional gutteral exclamation as a crisis of the game was reached. Every so often a pail of beer went the rounds.

Crouched on a low bench behind the stove a boy drew weird, wailing strains from an accordion.

Close to the fire a woman sat dozing, with a sleepy child on her lap. The firelight playing across her face brought out distinctly the sullen lines, the dropping chin and loose lipped mouth. With head sunk on her breast and figure relaxed slovenly, she presented a picture of sodden helplessness entirely in harmony with her surroundings.

As the boy outside looked at her his lip curled. Then his gaze wandered to his father at the table. His whole figure stiffened. Inside his coat pockets his fists were clenched tightly.

"He's a liar," he whispered fiercely, "a liar!"

He left the window, and creeping noiselessly past the side of the building, came to a little open space in the rear where a few broken down sheds clung together forlornly.

"Jack," he called softly, "Jack."

Suddenly there was a wild scurry in the farther shed, and, with the force of a catapult, the dog hurled himself upon the boy, leaping up to his shoulders, covering his face with frantic kisses, licking his hands and clawing his clothes, groveling at his feet with suppressed whinings of joy, punctuated with sharp barks of delight.

"Ssh! Jack, old boy, "Come here, Jack!"

Jimmy entered the shed, and together the boy and

the dog huddled in the corner, the boy's arms around the dog.

There was no uncanny shrewdness in the boy's face now, no hatred nor scorn. His eyes were luminous. He drew the dog up between his knees, sheltering him with his body to protect him from the cold, murmering to him over and over again, odd, endearing terms which only the dog understood.

Outside the snow fell thickly, blindly, blotting out the moon and the Christmas stars. And all over the world, under these same stars, beneath the glitter and tinsel of materiality, like the beating of a mighty pulse, throbbed the Divine call of Love, which call Jimmy Dehill had obeyed.